

**“TREATMENT OF CASES WITH FEATURES OF
DEPRESSION USING KENT’S RUBRICS”**

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENT

FOR THE AWARD OF THE DEGREE OF
DOCTOR OF MEDICINE (HOMOEOPATHY)

**IN
REPERTORY**

By

Dr. JASNA MATHEW

UNDER THE GUIDANCE OF

Dr. A.S. SUMAN SANKAR, M.D. (Hom.)

PROFESSOR

DEPARTMENT OF REPERTORY



**SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE
KULASEKHARAM, TAMIL NADU**



SUBMITTED TO

THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY

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ENDORSEMENT BY
THE HEAD OF THE DEPARTMENT AND INSTITUTION

This is to certify that the Dissertation entitled, “**TREATMENT OF CASES WITH FEATURES OF DEPRESSION USING KENT’S RUBRICS**” is a bonafide work carried out by **Dr. JASNA MATHEW**, a student of M.D. (Hom.) in **REPERTORY** (2016 to 2019) at SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE, KULASEKHARAM, TAMIL NADU, under the supervision and guidance of **Dr. A. S. SUMAN SANKAR, M.D. (Hom.)**, Professor, Department of Repertory, in partial fulfillment of the regulations for the award of the degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **REPERTORY**. This work confirms to the standards prescribed by THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI.

This has not been submitted in full or part for the award of any degree or diploma from any University.

Dr. V SATHISH KUMAR, M.D.(Hom.) Professor & H.O.D, Department of Repertory	Dr. N. V SUGATHAN M.D.(Hom.) Principal
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Place: Kulasekharam

Date:

CERTIFICATE BY THE GUIDE

This is to certify that the Dissertation, **“TREATMENT OF CASES WITH FEATURES OF DEPRESSION USING KENT’S RUBRICS”** is a bonafide work of **Dr. JASNA MATHEW**. All her work has been carried out under my direct supervision and guidance. Her approach to the subject has been sincere, scientific and analytic. This work is recommended for the award of degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **REPERTORY** by THE TAMILNADU DR. M. G. R. MEDICAL UNIVERSITY, CHENNAI.

Place: Kulasekharam

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DECLARATION

I, **Dr. JASNA MATHEW**, do hereby declare that this Dissertation entitled **“TREATMENT OF CASES WITH FEATURES OF DEPRESSION USING KENT’S RUBRICS”** is a bonafide work carried out by me under the direct supervision and guidance of **Dr. A. S. SUMAN SANKAR, M.D. (Hom.)**, Professor, Department of Repertory, in partial fulfilment of the Regulations for the award of degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **REPERTORY** by **THE TAMIL NADU DR. M.G.R MEDICAL UNIVERSITY, CHENNAI**. This has not been submitted in full or part for the award of any degree or diploma from any University.

Place: Kulasekharam

Dr. JASNA MATHEW

Date:

ABSTRACT

BACKGROUND

Depression is a common mental disorder that presents with a low or depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Majority of patients with depression present to physicians with complaints of medically unexplained somatic symptoms or masked depression. Further, the rates of depressive disorders are higher among the chronic medically ill persons and in primary care patients. According to the latest estimates from WHO, more than 300 million people are now living with depression. In October 2016, National Institute of Mental Health and Neurosciences (NIMHANS) in Bengaluru released a mental health survey, said that the incidence of depression is roughly one in every 20 Indian or 7.5% of the population. The World Health Organization estimates that nearly 170,000 people are living with depression in India. As part of quality of life, optimizing mental health is of prior value. The systematic and holistic homoeopathic interventions are of higher value which can build the comfort zone in the patients with depression.

OBJECTIVES

- To find out effectiveness of Kent repertory in indicating simillimum for depression.
- To prepare a data of frequently used rubrics for depression from Kent repertory.

MATERIALS AND METHODS

30 cases with features of depression were included for the study. Cases were recorded in the pre structured SKHMC case format. Intensity of depression was measured using HAM-D scale. Repertorial totality was erected according to Kent's repertory. Prescription was done with reference to standard text books of Materia Medica. Dose, frequency and repetition was based on subjects susceptibility. Assessment and evaluation was done after 4 months with HAM-D scale. Observations were noted in tables and charts. Statistical analysis has been done and results were presented.

RESULT

Based on the study, most frequent rubrics observed were Mind - Weeping. Tearful mood, etc, Mind - Sensitive, Generalities - Weakness and Mind – Irritability. Nux Vomica and Sepia were being the best remedy for depression. A statistically significant difference in the mean scores of HAM-D scale, using the paired t-test, was observed.

CONCLUSION

- A course of Homoeopathic treatment is associated with significant benefits in patients with features of depression, as measured by HAM-D scale.
- Kent's rubrics are effective in suggesting a simillimum for treatment of cases with features of depression.

KEYWORDS

Homoeopathy, Depression, Kent Repertory, Rubrics

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1. INTRODUCTION

1.1 INTRODUCTION

Mental Health is vital for the growth and productivity of every society and for a healthy and happy life. The definition of health includes mental health along with its physical, emotional, social and spiritual components.¹⁰ However; it is common to find people in every society suffering from mental health problems. Such people and their families face enormous challenges in their day to day living due to societal discrimination and deprived opportunities. The silent suffering of these individuals and families, is not only a difficult situation, but is also a neglected one due to several prejudices that exist at different levels in every society.

Depression is one among this Mental Health disorders mentioned in different classificatory systems like International Classification of Diseases & Diagnostic and Statistical Manual of Mental Disorders. According to the latest WHO report, almost 7.5% of Indians suffer from major or minor depression that requires expert intervention.

World Health Day 2017 aims to mobilize action on depression. This condition affects people of all ages, from all walks of life, in all countries. It impacts on people's ability to carry out everyday tasks, with consequences for families, friends, and even communities, workplaces, and health care systems. At worst, depression can lead to self-inflicted injury and suicide.

A better understanding of depression can be prevented and treated, will help to reduce the stigma associated with the illness and lead to more people seeking help.

Even in the ancient Indian scriptures and mythological texts, depression often discussed but only severe forms of illnesses have captured the public attention. However, due to globalization, urbanization and migration along with recent advances in the understanding of mental health problems, this scenario has changed. Today, the existences of a wide range of illnesses from minor situational ones to longstanding chronic problems have been well recognized.

The mental symptoms are of special importance in homoeopathic prescribing. Peculiar mental symptoms and special sensations are given primary importance in homoeopathic treatment. This special importance to mental symptoms was given on the theoretical reasoning that disease primarily originates in the level of vital force, and mental symptoms are the real language of deranged vital force. They reflect the deepest aspect of the patient who experiences them & in many cases they take precedence over general and local symptoms. Diseases originate in the vital molecular processes, obviously, mental and physical symptoms, whether subjective or objective, are the expressions of these molecular errors. Mind, consciousness, feeling, emotions, understandings, thought, sensations, mental symptoms etc., are the functions of a complex material system, known as brain and nervous system. Where the individual behavioral, psychosocial and physical factors are considered. Thus homoeopathy is the

system of science which treats the individual in its inner life through the synchronizing curative remedy to the disharmony.

In evaluating a curative medicine a homoeopathic physician should proceed through the sum of symptoms to the nearest single remedy derived with the help of a weapon of precision, Repertory. As the repertory is the index of symptoms corresponding to the remedies which are having a synergistic action which is difficult to memorize.

The role of repertory is increasing in this era as a part of evidence based science comprehending the healing power of homoeopathy. Several researches were carried out to reevaluate the symptoms presented in the repertories as rubrics and thereby refining the homoeopathic literature. This research focuses on systematical analysis of Kent repertory hereby evaluating the content of the repertory.

The evaluation of symptoms before and after followed according to the symptomatology of DSM-V and ICD-10 diagnostic criteria is analysed through HAM-D Scale which found to be worth. However the rubrics of the repertory are evaluated along with the confirmation from Materia Medica of the corresponding remedy.

By this study the lifestyles of the suffering patients are improved with the help of the tool Kent repertory. This research also intended to evaluate the frequently used rubrics and validating them.

1.2 NEED FOR THE STUDY

Depression is a loaded word in our culture, associated as it is as a sign of weakness and unrestricted emotions. Unfortunately myopic view on depression many people fight a lonely battle without seeking any help. As a part of quality of life, optimizing their mental health is of prior value. The systematic and holistic Homoeopathic interventions are of high value which can build the comfort zone in the patients with depression.

2. AIMS AND OBJECTIVES

- To find out effectiveness of Kent repertory in indicating simillimum for depression.
- To prepare a data of frequently used rubrics for depression from Kent repertory.

3. REVIEW OF LITERATURE

3.1. DEPRESSION

Depression is a common mental disorder that presents with a low or depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety.¹

3.2 HISTORICAL BACKGROUND^{2,3,4,5}

At the beginning depression was called as melancholia. The earliest written account of melancholia was appeared in the Mesopotamian civilization in the second millennium B.C. At this time all mental illnesses were attributed to being a spiritual condition , thought of being caused by demonic possession, and were attended to by priests rather than physicians.

The early Babylonian, Chinese and Egyptian civilizations also viewed mental illness as a form of demonic possession and treated with such methods as beating, physical restraint, and starvation in an attempt to drive the demons out. Hippocrates, a Greek physician suggested that melancholia was caused by excessive black bile in the spleen. He used bloodletting, bathing, exercise and dietary change as the treatment for depression. In the Bible's Old Testament gives the description about depression. Evil spirits and divine punishment were considered as the causes of depression.

In 1621, a book *Anatomy of Melancholy* published by Robert Burton, in which he outlined the psychological and social causes of depression. In this work he recommended exercise, travel, diet, marriage, herbal medicines, and even music therapy as treatment for melancholia.

In 1917 Sigmund Freud explained melancholia as response to loss either real or symbolic. He believed that a person's unconscious anger over his loss leads to self-hatred and self-destructive behaviors. He felt that psycho analysis could help to resolve these behaviors.

Sir Martin Roth and other doctors during 1950 and 60's classified the clinical manifestations of depression (from mild to severe psychotic) in a categorical manner, separating them into "endogenous" and "reactive" subtypes of depression.⁶ This concept was used for decades in biological psychiatric research in order to identify etiologically different subtypes of the disorder. The recent editions of DSM-V⁷ and the International Statistical Classification of Diseases, 10th version⁸ follow the results from collaborative projects⁹ in the USA and the UK and distinguish unipolar (depression) from bipolar (manic depressive) disorder.

3.3 EPIDEMIOLOGY

According to the current estimates from WHO, more than 300 million people are now living with depression, there is an increase of more than 18% for the last 10 years.²²

In India, a recent large sample survey with rigorous methodology reported an overall prevalence of 15.9% for depression, which is almost similar to western figures.

There is some suggestion that perhaps the prevalence of depression has increased over past few decades.^{52,53} World health organization estimates that approximately 1 million people worldwide commit suicide every year. According to a mental health survey, the prevalence of depression is nearly one in every 20 Indian, that is 7.5% of the population.^{24,44}

Clinical depression among adults is more than extremes of normal mood, with early onset during young adulthood. A higher prevalence of depression among women and working age adults has been consistently reported by Indian researches.^{45,46,47}

3.4 TYPES OF DEPRESSION²³

1. Unipolar depression: - Includes symptoms such as depressed mood, loss of interest & enjoyment and reduced energy. Depending upon number and severity of symptoms it further divided into mild, moderate and severe depression.

2. Bipolar depression:- It consists of both depressive and manic episodes separated by a period of normal mood. Manic episodes involve elevated mood and increased energy.

3. Dysthymia: -A chronic depression of mood, lasting for several years, which is not sufficiently severe, or in which individual episodes are not sufficiently prolonged, to justify a diagnosis of severe, moderate, or mild recurrent depressive disorder.

4. Cyclothymia:-A persistent instability of mood involving numerous periods of depression and mild elation, none of which is sufficiently severe or prolonged to justify a diagnosis of bipolar affective disorder or recurrent depressive disorder.

3.5 RISK FACTORS OF DEPRESSION

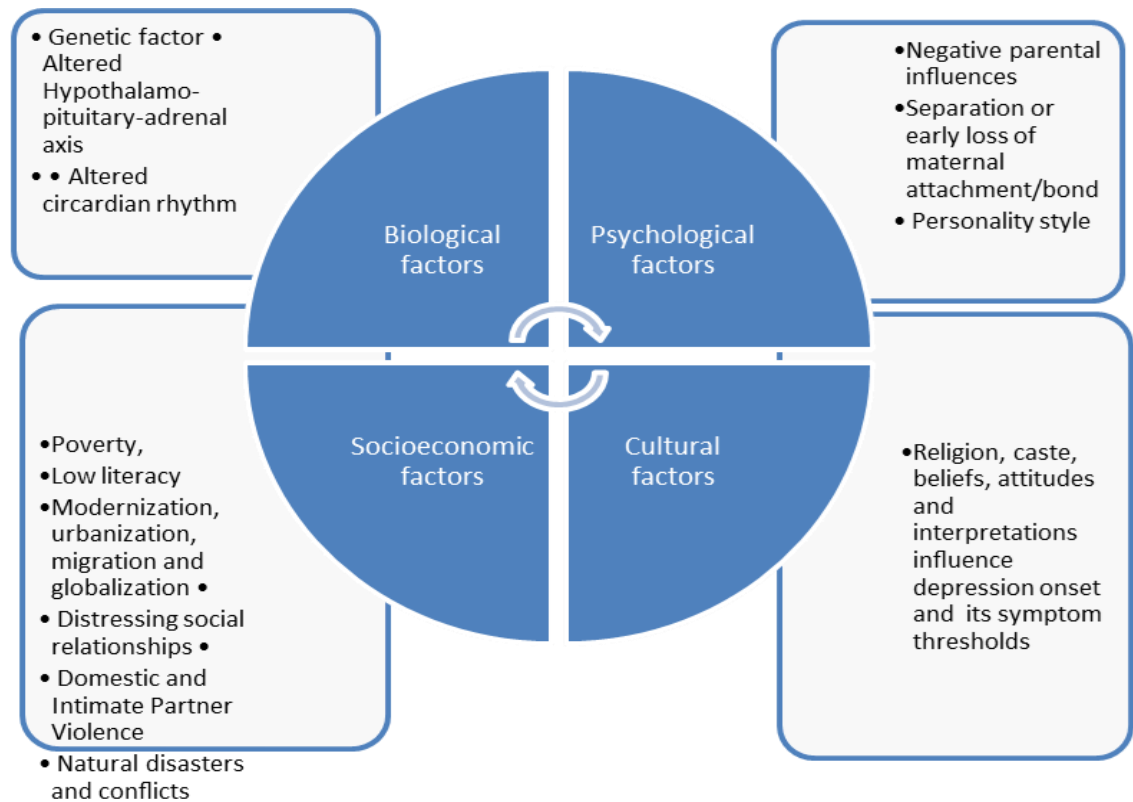


FIGURE NO. 1

3.6 PATHOPHYSIOLOGY OF DEPRESSION

GENES AND PSYCHOSOCIAL STRESS

Family, twin, and adoption studies are essential in defining genetic epidemiology of depression for the past few decades.²⁸ Family studies have suggested that first-degree relatives of affected individuals have a high risk of the disorder, while twin studies documented that genes are largely responsible for this familial aggregation. This significant finding suggests that parental behavior and other family environment are not as important in the pathogenesis of depression as previously assumed and should not be the major focus of the treatment of the depression. Both men and women are, equally

sensitive to the depressogenic effects of stressful life events but their responses vary depending upon the type of stressor. Men are more likely to have depressive episodes following divorce, separation, and work difficulties, whereas women are more sensitive to events in their proximal social network, such as difficulty in getting along with an individual, serious illness, or death. These findings point to the importance of gender-sensitive psychosocial approaches in the prevention and treatment of the disorder.²⁹

In contrast to the documentation from epidemiological studies on broad risk factor domains, there is no evidence for specific genes and specific gene-by-environment interactions in the pathogenesis of depression. Genome-wide association studies have suggested that many genes with small effects are involved in complex diseases, increasing the difficulty in identifying such genes.³⁰ While there has been progress in the search for risk genes for several complex diseases despite this methodological problem, psychiatric conditions have turned out to be very resistant to robust gene identification. For example, based on a community-based prospective study, it has been proposed that a specific genetic variation in the promoter region of the serotonin transporter interacts with stressful life events in the pathogenesis of depression.³¹

STRESS HORMONES AND CYTOKINES

Corticotrophin -releasing hormone which is secreted from the hypothalamus in response to the perception of psychological stress by cortical brain regions. CRH induces corticotrophin secreted from the pituitary, which stimulates the adrenal gland to release cortisol into the plasma. The physiologic response to stress is partly gender-specific:

women show predominantly greater stress responsiveness than men, which is consistent with the greater incidence of depression in women.³²

Even though depression is considered as a stress disorder, most subjects with depressive features have no evidence of dysfunctions of the hypothalamic-pituitary-adrenal axis. Although some subjects with depression do show abnormalities of hypothalamic-pituitary-adrenal axis and of the extra hypothalamic CRH system.^{33,34} Altered stress hormone secretion appeared to be with history of childhood trauma.

Clinical data suggest that cytokines may play a role in the pathophysiology of a subgroup of depressed subjects, especially those with comorbid physical conditions.³⁵

ROLE OF MONOAMINES

The monoamine-deficiency theory suggests that the underlying pathophysiology of depression is a depletion of the neurotransmitters serotonin, norepinephrine or dopamine in the central nervous system. The first major hypothesis of depression was formulated about 30 years ago and proposed that the features of depression are due to a functional deficiency of the brain monoaminergic transmitters norepinephrine, 5-HT, and/or dopamine whereas mania is caused by functional excess of monoamines at critical synapses in the brain.^{36,37,38} Serotonin is the often studied neurotransmitter in depression. Almost all well established antidepressants act on the monoamine systems. The monoamine-deficiency theory has proved to be the most relevant neurobiological theory of depression

NEUROTROPHINS AND DEPRESSION

Depression could result from an inability to make the appropriate adaptive responses to stress or any stimuli, and antidepressants act by correcting this dysfunction or by directly inducing the appropriate adaptive responses.³⁹ Preclinical studies have showed correlations between stress-induced depressive-like behaviors and decreases in hippocampal Brain-derived neurotrophic factor levels, as well as enhanced expression of BDNF following antidepressant treatment. But there are no imaging tools to directly examine neurotoxic and neurotrophic processes.

SYNAPTIC TRANSMISSION

One of the most valuable advances in neuroscience was the pioneering work of Otto Loewi, that chemical transmission is the major means by which nerves communicate with one another. Today, it is well known that the pre- and postsynaptic events are highly regulated and are the basis for plasticity and learning within the central nervous system. Chemical transmission requires several steps including synthesis of the neurotransmitters, their storage in secretory vesicles, and their regulated release into the synaptic cleft between pre- and postsynaptic neurons, but also the termination of neurotransmitter action and the induction of the final cellular responses via different steps in the signal transduction cascade.

Deranged function in one or more steps of this chemical transmission may be a crucial mechanism underlying depression. On the other hand, it is now well established that these mechanisms are targets of antidepressant action.^{40,41,42, 43}

3.7 SCREENING ASSESMENT²⁴

The patients who present with symptom for depression should be screened using two quick questions as follows,

In the past 2 weeks

1. Have you lost interest or pleasure which usually you like to do?
2. Have you felt sad, low, down, depressed or hopeless?

If “yes” on either question, then further assessment should be done using scales developed for assessing it.

ICD-10 criteria for diagnosis²¹

a) First set of symptom which include,

- Loss of interest
- Depressed mood
- Reduced energy leading to increased fatigability and diminished activity

b) Second set of symptom which include,

- Reduced self- esteem and self -confidence
- Reduced concentration and attention
- Ideas of guilt and worthlessness
- Pessimistic views of future

- Disturbed sleep
- Loss of appetite
- Acts of self-harm or suicide

c) At least two of the symptoms of first set and two from the second set for a period of 2 weeks period would make a mild depressive episode.

d) At least two of the symptom of first set and three from the second set for a period of 2 weeks period would make a moderate depressive episode.

e) All three symptoms of first set and at least four from the second set for a period of 2 weeks would make a severe depressive episode.

f) All three symptoms of first set and at least four from the second set including delusions, hallucinations and depressive stupor for a 2 weeks' period would make a severe depressive episode with psychotic symptoms.

g) Depressive symptoms of mild and moderate levels persisting for a very long duration (two years as per DSM) constitute the criteria for Dysthymic disorder.

There are different depressive scales and screening tests for diagnosis of depression. These are as follows

- PHQ9 Scale
- Beck's Depressive Index (BDI)
- Hamilton Scale for depression

3.8 DIFFERENTIAL DIAGNOSIS²⁵

- Anxiety disorder
- Personality disorder
- Substance abuse disorder
- Dementia
- Hypothyroidism
- Nutritional deficiency

3.9 MANAGEMENT

Dietary change, Decreasing caffeine, nutritional supplements²⁶ and exercise increases the firing rates of serotonin neurons and can decrease anxiety, reduce stress & improve mood.^{26,27} Vitamin B complex is essential for brains to manufacture neurotransmitters. 5-HTTP: help with insomnia and binge eating, essential in production of serotonin.²⁸ Other treatment includes selective serotonin reuptake inhibitors, Cognitive behavioral therapy, Interpersonal psychotherapy, Problem solving therapy, Psychodynamic therapy and Light therapy.

3.10 PREVENTION

- Life skill programs addressing concerns of children and adolescents to enhance cognitive, problem solving and social coping skills.
- School bases awareness programs for prevention of child abuse and substance abuse.
- Exercise programs for elderly are also effective in depression prevention.

3.11 IMPORTANCE OF MIND IN MODERN MEDICINE

Definition of Health by WHO

“Health is a state of complete physical, mental and social well – being and not merely an absence of disease or infirmity.”

Mental dimension of Health according to WHO

Mental health is not mere absence of mental illness. Good mental health is the ability to respond to the many varied experiences of life with flexibility and a sense of purpose. More recently, mental health has been defined as “a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a coexistence between realities of the self and that of other people and that of the environment.”

Traditionally, health has been viewed as an “absence of disease”, and if one was free from disease, then the person was considered healthy. Contemporary developments in social sciences revealed that health is not only a biomedical phenomenon, but one which is influenced by social, psychological, cultural, economic and political factors of the people concerned.¹⁰

A clear distinction is often made between 'mind' and 'body'. But when considering mental health and physical health, the two should not be thought of as separate. Poor physical health can lead to an increased risk of developing mental health problems. Similarly, poor mental health can negatively impact on physical health, leading to an increased risk of some conditions. As far to quote examples for the influence of variations of Mental state upon health, from literatures of modern medicine, it is an accepted fact that psychological stress or tension initiates hypertension and also it has been said that psychological stress contributes to Peptic Ulcer Disease.^{10,54}

3.12 HOMOEOPATHY- A HOLISTIC SCIENCE

Homoeopathy is the most reviewed complementary medicine worldwide.¹¹ The 19th century has seen the upheaval of this science from an empirical thought of the Master Samuel Hahnemann, the medical science which truly heals a man from within.¹²

Homeopathy believes that body and mind are integrated. According to homoeopathic concept physical disease is accompanied by a change in the mental/emotional state and mental/emotional states, especially if prolonged may lead to physical illness. It attempts to go to the root level of disease in each individual patient. The “totality of symptoms” in individual patient comprises of all changes observable on physical as well as mental/ emotional sphere. Homoeopathic similimum is the medicine that matches the totality of the patient's physical and mental/ emotional symptoms, irrespective of "which came first."¹⁶

Homeopathy is the science of treatment which stimulates the immunity of man and re-establishes his health. The immune response of each individual varies in wide range and the response include from body and mind, which forms the complete individual. The biological homeostasis is maintained by the highly potentized homoeopathic remedy from within which is proven from many studies.¹³ The dynamic action of the potentized remedy act in the inner core of the individual thereby heals from within.

Homoeopathy is the science of treating the man from his emotional and mental level.^{13,14} The healing process is through the slight stimulation of the well selected remedy in its natural way which can be attained by the analytical and systematic processing of the individual symptoms. As the individualization includes the signs and symptoms of an individual which are the documented signs for the outcome assessment of treatment or can be well said as the diagnostic tool for assessing prognosis.¹⁵

As said by Hahnemann in his Organon of medicine¹⁶ aphorism 153, peculiar symptom prescription is the way to get higher cure rate. The recent research studies conducted so far prove on that, at the same time regarding the law of cure.

The prescription of an individualized remedy in Homoeopathy is to be tough as per the systematic analysis of Master Hahnemann. To make it a better way, during Boenninghausen's time introduced a tool of precision of remedies, Repertory. As the current modern scientific world trusted only through materialistic view, repertory is the evidence and at the same way a shortlisted collection of remedies through which indicated one is picked. Homoeopathic physician through his logical approach in individualizing the man in disease with the help of repertory and referring the materia medica, merge the images of diseased individual with the remedial picture.

Recently there was sprouting of research works related to re-evaluate the old repertories.¹⁷ This study also aimed at the recurrence of rubrics in the Kent repertory. There are many remedies indicated according to the symptomatology but with the

characteristics of the presented symptoms are analyzed through proper repertorization with the help of Kent repertory. The peculiar features of the repertory are:

- Kent`s repertory is based on the philosophy deductive logic.
- Generals are dealt with in depth followed by particulars.
- The number of medicine is 648
- Three varieties of typography to indicate the gradation of remedies (bold, italics and ordinary)
- It starts with mind chapter, which has been given more importance
- The last chapter is generalities, which contains physical modalities
- The rest of the chapters are based on anatomical division
- All the rubrics are arranged alphabetically from generals to particular

He firmly believed that Hahnemannian totality demanded study of man as a whole and said, “Man is prior to the organs”. Man is the will and the house that he lives in his body. What is expressed by part is always preceded by the deviations in the state of health of a person. And such deviations can be known through expressions at the level of generals. So he laid much emphasis on the importance of generals. His repertory is based on principle of Generals to Particulars.

The entire process of repertorization revolves around the philosophy that is as follows:

- Prime importance to mental general.
- Second importance to physical generals including modalities.
- Particulars for final differentiation.
- Limited generalization.

The key to understand Kent's concept in the evolution of the Hahnemannian totality lies in his assertion of the, 'Mind is the key to the man'.

There are few researches done in depression using homoeopathic intervention which directs to its positive effect. A Double-Blind, Randomized Non-Inferiority trial conducted⁵⁰ on 'Homoeopathic Individualized Q-Potencies versus Fluoxetine for Moderate to Severe Depression' aims to investigate the non-inferiority and tolerability of individualized homeopathic medicines.

This study, illustrates the feasibility of randomized controlled double-blind trials of homeopathy for depression and indicates the non-inferiority of individualized homeopathic Q-potencies as compared to fluoxetine in the acute treatment of outpatients with moderate to severe depression.

A study, 'Management of Distress During Climacteric Years by Homeopathic Therapy' published in The Journal of alternative and complementary medicine¹⁹, implies that homeopathic medicines prescribed on the basis of totality of symptoms act holistically in relieving symptoms of menopause.

According to A prospective, unicentric, non-comparative, open-label observational study: Homoeopathic management in depressive episodes, showed that homoeopathic medicines had a promising role in the management of depressive episodes as measured by HAM-D scale.²⁰

According to Homeopathic medical practice for anxiety and depression in primary care: the EPI3 cohort study, patients with anxiety and depressive disorder¹⁸, who chose to consult homeopathic practitioner reported less use of psychotropic drugs, and were marginally more likely to experience clinical improvement, than patients managed with conventional care. These findings may result from the combined effect of inefficacy of conventional psychotropic drugs and statistical regression to the mean as well as from effective homeopathic management.

‘Effect of homoeopathic medication on depression’, concluded that homoeopathic therapy plays a crucial and beneficial role to the depressed people.¹² It had been found that maximum frequency was found among the respondents in females of age group of 20-40 years. It also exemplifies that Homeopathic remedies do not treat merely the symptoms in a patient but restore the complete homeostasis of body and mind. As different people respond to the same illness in different ways-- treatment for each person has to be individualized.

There are several Homoeopathic remedies for depression, which can complement a natural treatment. The challenge is to find the Homoeopathic remedy that best fits the personality and symptoms of the person.

4. MATERIALS AND METHODS

4.1 STUDY SETTING

A sample of 30 cases who had visited Sarada Krishna Homoeopathic Medical college Hospital.

4.2 SELECTION OF SAMPLES

- Sample Size - 30 cases based on inclusion criteria.
- Sampling Technique –Convenience Sampling.

4.3 INCLUSION CRITERIA

- Adults of both sex are included (age between 18-60).
- Subjects who are diagnosed as depression as per ICD10 diagnostic criteria and scored based on HAM-D scale.

4.4 EXCLUSION CRITERIA:

- Depression associated with organic brain lesion, hypothyroidism and chronic illnesses like TB, acquired immune deficiency syndrome.
- Secondary depression due to allopathic drugs.
- Subjects who are under antidepressant medication and any history of taking antidepressants.
- Subjects those who are not willing to give written consent.
- Subjects who are unable to participate for entire duration of study.
- Participants who are not fit for the study.

4.5 STUDY DESIGN

- Single group, experimental, before and after study without control.
- The study was carried out in Sarada Krishna Homoeopathic Medical College Hospital
- The study conducted on the basis of diagnostic and statistical manual diagnostic criteria before and after treatment.

4.6 INTERVENTION

After case analysis and reportorial totality, homoeopathic medicine of centesimal potency was administered. Dose, frequency and repetition were based on susceptibility of the subject. The patients in the study were not allowed to take any other medication except the individualised homoeopathic medicine. In case of acute exacerbation of depression or any other acute disease condition, the medicine selected was either a continuation of the pre-selected medicine, or a better indicated medicine. The response was assessed and further treatment was given as per the guidelines of Hahnemann and Kent. Appearance of any change (relief/worse) and status quo was followed by administration of placebo/change of potency/change of remedy, as per the need of each case. Assessment of changes in the symptoms was done after 4 months using HAM-D scale.

4.7 SELECTION OF TOOLS

- Case taking with the help of prestructured chronic case format.
- Diagnosis based on the ICD10 diagnostic criteria.
- Scoring of depression with Hamilton depression rating scale (HAM-D)
- Assessing the changes through the diagnostic criteria provided.
- Proper reportorial approach using Kent's repertory

4.8 BRIEF OF PROCEDURES

30 cases with features of depression were considered for the study. Cases were recorded in the pre structured SKHMC case format. Intensity of depression was measured using HAM-D scale. Repertorial totality was erected according to Kent's repertory. Prescription was done with reference to standard text books of Materia Medica. Dose, frequency and repetition was based on subjects susceptibility. Assessment and evaluation was done after 4 months with HAM-D. Observations were noted in tables and charts. Statistical analysis was done and results were presented.

4.9 OUTCOME ASSESSMENT:

Primary outcome:

- Significant improvement of functions and behavior (depression) were assessed using HAM-D scale.
- Generation of rubric data for the selection of simillimum in depressive adult was done.

4.10 DATA COLLECTION

Data was collected and recorded in the pre structured S.K.H.M.C. case format. Severity of depression was monitored by the diagnostic criteria.

4.11 STATISTICAL TECHNIQUES & DATA ANALYSIS

- Paired 't' – test
- Data presentation including charts, diagrams and tables.

5. OBSERVATIONS AND RESULTS

Description of the data collected from 30 cases of patients presented with the features of depression, who have attended Sarada Krishna Homoeopathic Medical College, Kulasekharam, are given under this section. The data collected from these patients were subjected to analysis and presented in the form of tables, diagrams and charts.

5.1 DISTRIBUTION OF CASES ACCORDING TO AGE

TABLE NO. 1

AGE	NO OF CASES	PERCENTAGE
18-35	16	53.33%
36-55	13	43.33%
56-60	1	3.33%

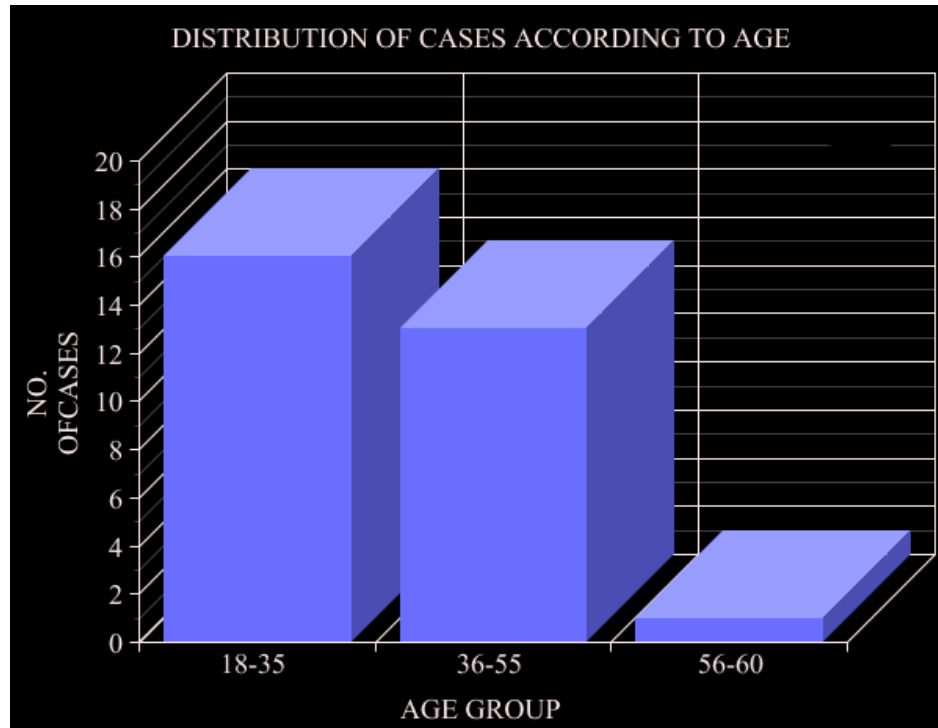


FIGURE NO. 2

FINDINGS: Among the 30 cases of Depression, the age varies between 18-60years. Out of these, 16 cases (53.33%) are between the age group 18-35 years, 13 cases (43.33%) are between ^{the} age group 36-55 years. 1 case (3.33%) is between 56-60 years of age.

5.2 DISTRIBUTION OF CASES ACCORDING TO GENDER

TABLE NO. 2

SEX	NO. OF CASES	PERCENTAGE
MALE	6	20%
FEMALE	24	80%
TOTAL	30	100%

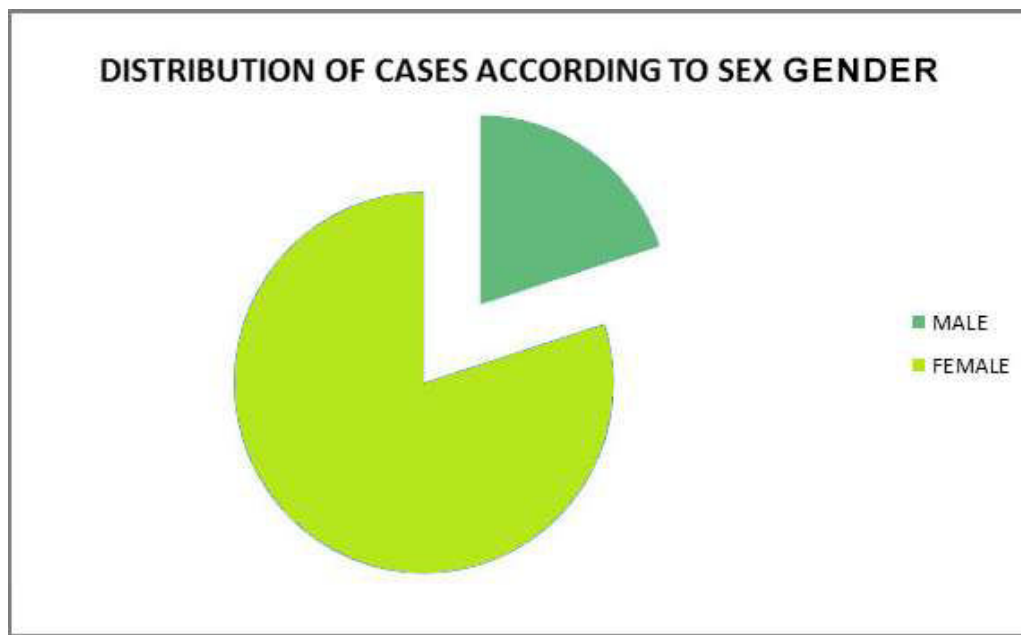


FIGURE NO. 3

FINDINGS: Among the 30 cases studied, there were 24 females showing a percentage of 80% and 6 males showing a percentage of 20%.

5.3 DISTRIBUTION OF CASES ACCORDING TO THE CLINICAL PRESENTATION

TABLE NO. 3

CLINICAL PRESENTATION	NO . OF CASES	PERCENTAGE
JOINT PAIN	9	30%
RESPIRATORY COMPLAINTS	8	26.66%

FEMALE GENITAL COMPLAINTS	7	23.3%
HEADACHE	2	6.66%
SKIN COMPLAINTS	6	20%
GASTRO INTESTINAL COMPLAINTS	1	3.3%

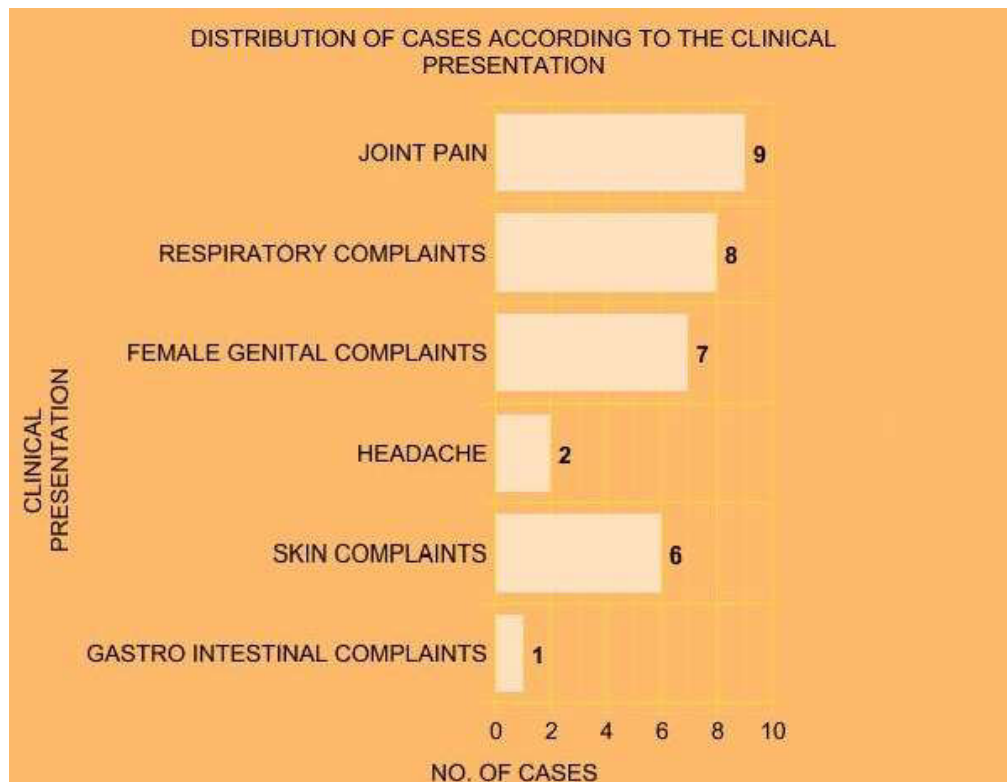


FIGURE NO. 4

FINDING: According to the study 30% cases presented with joint pain, 26.66% presented with respiratory complaints, 23.33% cases presented with female genital complaints, 20% cases presented with skin complaints, 10% cases presented with skin complaints, 6.66% cases presented with headache and 3.33% with gastro intestinal complaints.

5.4 DISTRIBUTION OF CASES ACCORDING TO SEVERITY OF DEPRESSION

TABLE NO. 4

SEVERITY	NO. OF PATIENTS		PERCENTAGE
	MALE	FEMALE	
MILD	2	13	50%
MODERATE	2	8	36.67%
SEVERE	1	4	13.33%

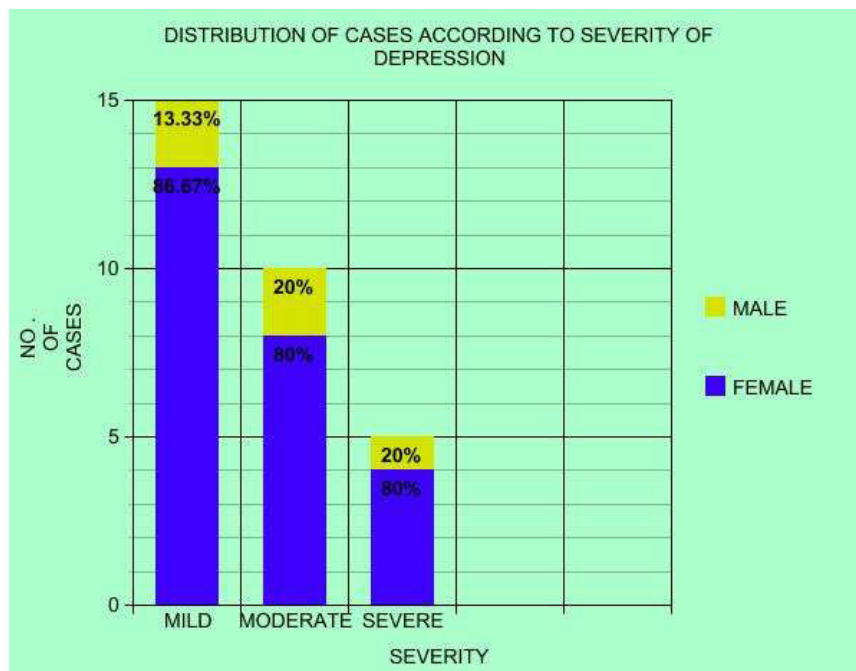


FIGURE NO. 5

FINDING: According to the study, 50% cases presented with mild depression. Among this 86.67% cases are females and, 13.33% cases are males. 36.67% cases presented with moderate depression among this 80% cases are females and 20% cases are males. 13.33% cases presented with severe depression, among this 80% are male and 20% are females.

**5.5 DISTRIBUTION OF CASES ACCORDING TO FREQUENTLY SELECTED
RUBRICS**

TABLE NO. 5

RUBRICS	NO. OF CASES	PERCENTAGE
MIND - WEEPING. TEARFUL MOOD ,ETC,	9	30%
MIND – SENSITIVE	9	30%
GENERALS- WEAKNESS	9	30%
MIND – IRRITABILITY	9	30%
HEAD- PAIN	8	26.6%
SLEEP-SLEEPLESSNESS	7	23.3%
MIND- SADNESS- MENTAL DEPRESSION	7	23.3%
STOMACH- APPETITE- DIMINISHED	6	20%
MIND- ANXIETY	5	16.6%
SLEEP- DISTURBED	5	16.6%

MIND- FEAR	5	16.6%
FEMALE GENITALIA- MENSES- IRREGULAR	4	13.3%
BACK- PAIN	4	13.3%
MIND- GRIEF	4	13.3%
ABDOMEN- HEAVINESS	3	10%
FEMALE GENITALIA- LEUCORRHOEA	3	10%
ABDOMEN- HEAVINESS,	3	10%
MIND- RESTLESS	2	6.6%
MIND- SUICIDAL DISPOSITION	2	6.6%
CHEST- PALPITATION	2	6.6%
MIND- WORK- IMPOSSIBLE	2	6.6%

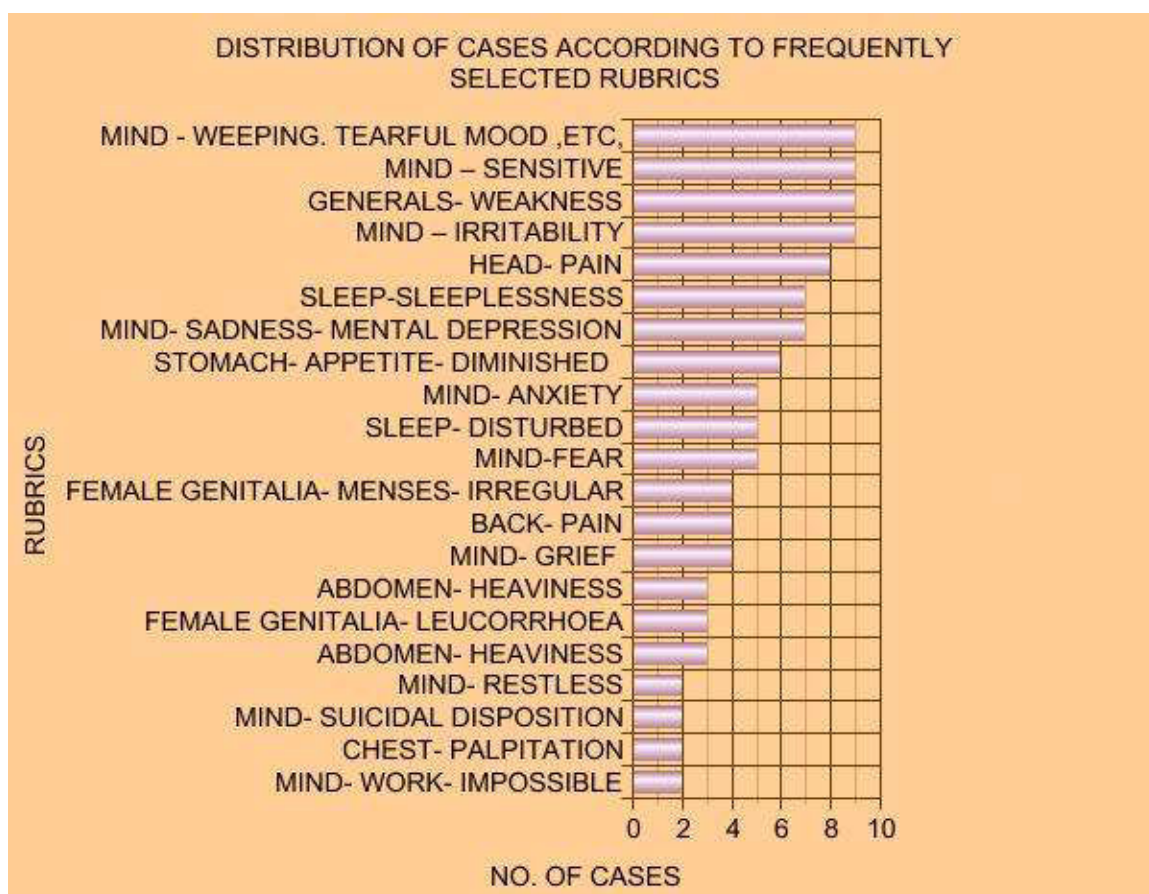


FIGURE NO. 6

FINDINGS: According to the rubrics selected from the patient symptom in cases with features of depression, the most frequently observed rubric from Kent Repertory are Mind - Weeping. tearful mood, etc.,(30%), Mind – Sensitive (30%), Generalities- Weakness (30%), Mind – Irritability(26.6%), Sleep-Sleeplessness(23.3%), Mind- Sadness- Mental depression (23.3%), Stomach- Appetite- diminished (20%), Mind- Anxiety(16.6%), Sleep- Disturbed(16.6%), Mind-Fear(16.6%), Female genitalia- Menses- Irregular(13.3%), Abdomen- Heaviness(10%), Mind-Restless(6.6%), Mind- Suicidal disposition(6.6%), Chest- Palpitation(6.6%), Mind- Work- Impossible(6.6%).

5.6 DISTRIBUTION OF CASES ACCORDING TO REMEDY GIVEN

TABLE NO. 7

REMEDY GIVEN	NO. OF CASES	PERCENTAGE
NUX VOMICA	11	36.6%
SEPIA	7	23.3%
BELLADONNA	3	10%
LYCOPodium	3	10%
PULSATILLA	3	10%
ARS ALB	3	10%
NAT MUR	2	6.6%
NAT CARB	2	6.6%
KALI CARB	2	6.6%
STAPHYSAGRIA	1	3.33%
AETHUSA	1	3.33%
BARYTA CARB	1	3.33%
PETROLEUM	1	3.33%
AMMONIUM MUR	1	3.33%

ANTIM CRUD	1	3.33%
PHOSPHOROUS	1	3.33%
SILICEA	1	3.33%
IGNATIA	1	3.33%
CALC CARB	1	3.33%
RHUS TOX	1	3.33%
COCCULUS	1	3.33%
CARBO VEG	1	3.33%
LACHESIS	1	3.33%
MERC SOL	1	3.33%

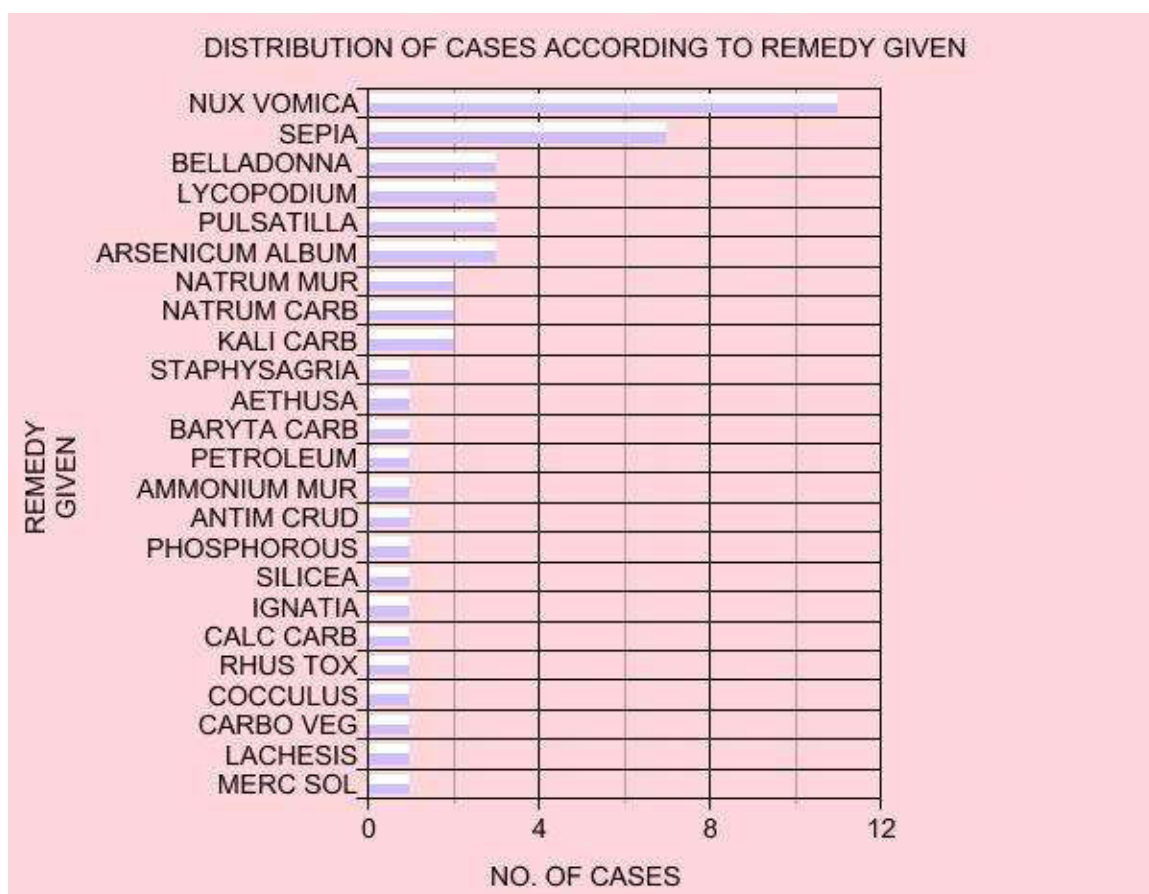


FIGURE NO. 7

FINDINGS: Based on this study, Nux Vom was given for 11 cases (36.6%) followed by Sepia for 7 cases (23.3%), followed by Belladonna selected for 3 cases (10%), Lycopodium selected for 3 cases (10%), Pulsatilla selected for 3 cases (10%) and also Ars Alb selected for 3 cases (10%) this was followed by Nat Mur selected for 2 cases (6.6%), Nat Carb selected for 2 cases (6.6%), and Kali Carb also selected for 2 cases (6.6%), other remedies so far prescribed are Staphysagria, (3.3%) Petroleum (3.3%), Aethusa (3.3%), Ammonium Mur (3.3%), Antim Crud (3.3%), Baryta Carb (3.3%), Phosphorous (3.3%), Silicea (3.3%), Ignatia (3.3%), Calc Carb (3.3%), Rhus tox (3.3%), Cocculus (3.3%), Carbo Veg (3.3%), Lachesis (3.3%), Merc Sol (3.3%) selected for 1 case each.

**5. 7 ASSESSMENT OF INDIVIDUAL SYMPTOMS OF HAMILTON
DEPRESSION SCALE**

TABLE NO. 7

SYMPTOM	NO. OF CASES		
	BEFORE	IMPROVED	PERCENTAGE
DEPRESSED MOOD	27	12	44.44%
FEELING OF GUILT	1	1	100%
SUICIDE	3	3	100%
INSOMNIA- INITIAL	27	19	70.37%
INSOMNIA- MIDDLE	24	20	83.33%
INSOMNIA- DELAYED	10	8	80%
WORK AND INTERESTS	16	11	68.75%
AGITATION	7	5	71.42%
ANXIETY-PSYCHIC	23	13	56.52%
ANXIETY-SOMATIC	22	15	68.18%
SOMATIC SYMPTOMS- GIT	16	9	56.25%
SOMATIC SYMPTOMS-	16	9	56.25%

GENERAL			
GENITAL SYMPTOMS-	17	9	52.94%
WEIGHT LOSS	2	2	100%

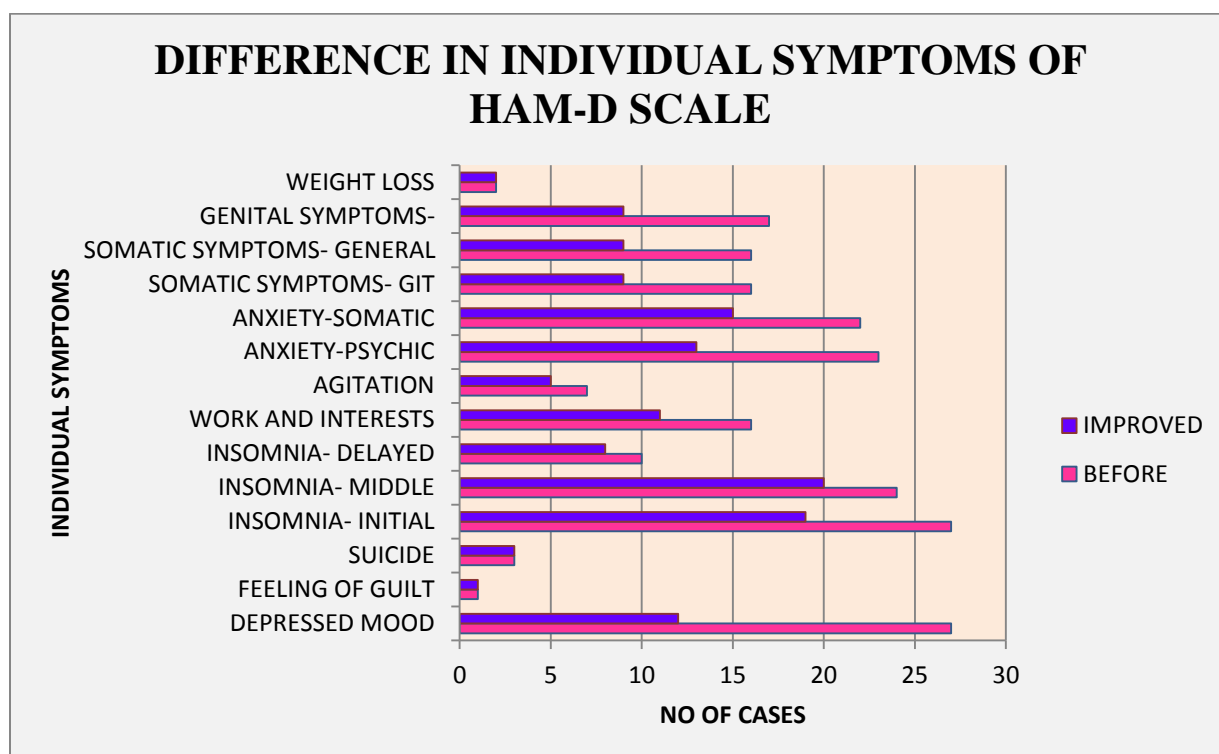


FIGURE NO. 8

FINDINGS: According to the study considering 30 cases, among 27 cases 12 cases showed improvement in Depressed mood, only 1 case was showing Feeling of guilt and it was improved after treatment, 3 cases showing Suicidal symptoms and all cases showed improvement, 27 cases were having Insomnia- Initial and 9 cases showed improvement, 24 cases presented with Insomnia-Middle and 20 cases showed improvement, 10 cases presented with Insomnia- Delayed and 8 cases showed improvement, 16 cases showing

symptoms related to Work and interest, among these 11 cases showed improvement, 7 cases were showing Agitation and 5 cases showed improvement, 23 cases were showing symptoms of Anxiety- Psychic and 13 cases showed improvement, 22 cases presented with symptoms of Anxiety-Somatic and 15 cases showed improvement, 16 cases presented with Somatic symptoms- GIT and 9 cases showed improvement, 16 cases presented with Somatic symptoms- General and 9 cases showed improvement, 17 cases showed Genital symptoms and 9 cases showed improvement, 2 cases were presented Weight loss and both cases showed improvement after treatment.

5.8 DISTRIBUTION OF CASES ACCORDING TO THE TIME TAKEN FOR IMPROVEMENT

TABLE NO. 8

TIME TAKEN	NO. OF CASES	PERCENTAGE
LESS THAN 1 MONTH	4	13.33%
1 MONTH	4	13.33%
1.5 MONTHS	6	20%
2 MONTHS	9	30%
2.5 MONTHS	1	3.33%
3 MONTHS	3	10%
4 MONTHS	3	10%



9

FIGURE NO. 9

Findings: Considering the 30 cases of the study, 4 cases (13.33%) showed improvement within 1 month, 4 cases (13.33%) showed improvement after 1 month, 6 cases (20%) improved after 1.5 months, 9 cases (30%) improved after 2 months, 1 case (3.33%) improved after 2.5 months, 3 cases (10%) improved after 3 months, 3 cases (10%) improvement by 4 months. All the cases selected for the study showed good prognosis and the cases improved within a time period of 4 months.

5.9 DISTRIBUTION OF MEDICINES ACCORDING TO SOURCE

SOURCE	NO. OF MEDICINES	PERCENTAGE
ANIMAL KINGDOM	2	8.33%
PLANT KINGDOM	10	41.66%
MINERAL KINGDOM	12	50%

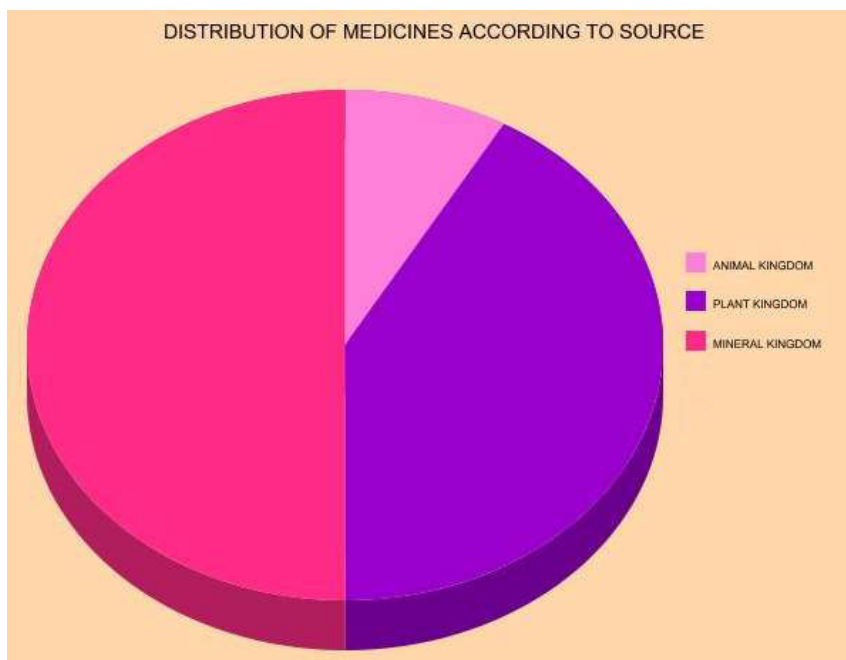


FIGURE NO.10

FINDINGS: According to 30 case study, total 24 medicines were used. Among these, 12 medicines (50%) are belongs to mineral kingdom, 10 medicines (41.66%) are belongs to plant kingdom, and 2 medicines (8.33%) are belongs to animal kingdom.

**5.10 COMPARISON OF BEFORE AND AFTER TREATMENT SCORE BASED
ON HAMILTON DEPRESSION SCALE**

TABLE NO. 10

SL.NO	NAME OF THE PATIENT	SYMPTOM SEVERITY	
		BEFORE	AFTER
1	X1	18	7
2	X2	9	4
3	X3	11	7
4	X4	12	7
5	X5	9	6
6	X6	12	7
7	X7	11	4
8	X8	10	7
9	X9	14	6
10	X10	18	6
11	X11	11	4
12	X12	20	6
13	X13	16	6
14	X14	22	7
15	X15	11	7
16	X16	13	7
17	X17	8	3
18	X18	20	7
19	X19	13	7
20	X20	10	5

21	X21	10	4
22	X22	19	6
23	X23	18	7
24	X24	15	7
25	X25	15	7
26	X26	15	6
27	X27	12	5
28	X28	15	7
29	X29	14	6
30	X30	14	7

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FIGURE NO. 11

FINDINGS: Based on the disease intensity scores, before score ranges from 8– 22. On comparison of the before and after scores among the 30 cases taken for the study, all the cases showed improvement, determined from the reduction in the after score. After treatment, 15 cases (50%) showed score as ‘7’, 8 cases (26.67%) showed after score as ‘6’, 2 cases (6.67%) showed after score as ‘5’, 4 case showed as ‘4’ each, 4 cases (13.33%) showed after score as ‘6’ and 1 case (3.33%) showed after score as ‘3’.

6. STATISTICAL ANALYSIS

TABLE NO: 11

SL. NO	X	Y	d1= X-Y	$d_1 - \bar{d}_1$	$(d_1 - \bar{d}_1)^2$
1	18	7	11	3.24	10.49
2	9	4	5	-2.76	7.61
3	11	7	4	-3.76	14.13
4	12	7	5	-2.76	7.61
5	9	6	3	-4.76	22.65
6	12	7	5	-2.76	7.61
7	11	4	7	-0.76	0.57
8	10	7	3	-4.76	22.65
9	14	6	8	0.24	0.05
10	18	6	12	4.24	17.97
11	11	4	7	-0.76	0.57
12	20	6	14	6.24	38.93
13	14	4	10	2.24	5.01
14	22	7	15	7.24	52.41
15	11	7	4	-3.76	14.13
16	13	7	6	-1.76	3.09
17	8	3	5	-2.76	7.61
18	20	7	13	5.24	27.45

19	13	7	6	-1.76	3.09
20	10	5	5	-2.76	7.61
21	10	4	6	-1.76	3.09
22	19	6	13	5.24	27.45
23	18	7	11	3.24	10.49
24	15	7	8	0.24	0.05
25	15	7	8	0.24	0.05
26	15	6	9	1.24	1.53
27	12	5	7	-0.76	0.57
28	15	7	8	0.24	0.05
29	14	6	8	0.24	0.05
30	14	7	7	-0.76	0.57
Total			$\Sigma d_1 = 233$		$\Sigma (d_1 - \bar{d}_1)^2 = 301.78$

X= Score before treatment

Y= Score after treatment

d₁= Difference between before and after score

A. Question to be answered:

Is Kent repertory effective in indicating simillimum for depression?

Null Hypothesis:

Kent repertory is not effective in indicating simillimum for depression.

Standard error of the mean differences:

The mean of the differences, $\bar{d}_1 = \Sigma d_1/n = 233/30 = 7.76$

The estimate of population standard deviation is given by,

$$\Sigma(d_1 - \bar{d}_1)^2 = 301.78$$

$$SD = \sqrt{\Sigma(d_1 - \bar{d}_1)^2 / n - 1}$$

$$= \sqrt{301.78/29} = 3.22$$

$$\text{Standard error (S.E)} = S.D/\sqrt{n}$$

$$= 3.22/\sqrt{30}$$

$$= 0.587$$

B. The test statistics is Paired t:

$$\text{Critical ratio, } t = \frac{\bar{d}}{S.D/\sqrt{n}}$$

$$= 7.76/ (0.587) = 13.21$$

t-Test: Paired two sample for means

TABLE NO: 12

	<i>X</i>	<i>Y</i>
Mean	13.76	6
Variance	13.6333333	1.586206897
Observations	30	30
Pearson Correlation	0.467155652	
Hypothesized Mean Difference	0	
Df	29	
t Stat	12.89990164	
P(T<=t) one-tail	7.66595E-14	
t Critical one-tail	1.699127027	
P(T<=t) two-tail	1.53319E-13	
t Critical two-tail	2.045229642	

C. Comparison with tabled value:

This critical ratio, t follows a distribution with $n-1$ degrees of freedom. The 5% level is 2.045 and 1% level is 2.756 for 29 degrees of freedom. Since the calculated value 13.21 is greater than tabled value at 5% and 1% level, the test is statistically significant and hence the null hypothesis is rejected.

D. Inference:

This study shows significant reduction in the disease intensity scores after giving homoeopathic medicines for cases with features of depression. Therefore, Kent's repertory of Homoeopathic Materia Medica is effective in finding simillimum for cases with features of depression.

7. DISCUSSION

The current study reported a maximum prevalence of depression (53.33%) in the 18-35 years age group whereas a minimum prevalence of 3.33% in the 55-60 years age group. Studies related to the depression showed high prevalence of depression in adolescents and in young adults has been increased in recent years.⁵¹ Other studies observed that a steady increasing trend in depression with age.⁵² Studies conducted in Indian rural population⁶⁰ showed that highest percentage of depression was found in the 20-24 years age group whereas lowest rates were found in the age group of > 65 years (Danesh NA, 2007).

The rates of depression were found to be very high in females as compared to males (80% vs. 20%). Studies related to depression showed that severe and very severe grades of depression were contributed by higher number of females as compared to males.^{52,44} The multiple roles played by Indian women contribute to stress, thereby making her susceptible to depression, which is often under-reported due to stigma (Bohra N, 2015).

The current study also discussed on the grades of severity of depression in the study subjects. It illustrates that overall higher number of females were found to be suffering from severe grades of depression as compared to males in the current study. Majority of the patients were suffering with mild to moderate depression.

In the current study, all cases consulted for the somatic or physical illness. Higher number of patients presented with joint pain (30%) and respiratory complaints (26.66%). Whereas minimum number of patients presented with headache (6.66%) and gastro intestinal complaints (3.33%). Earlier studies^{55,56} stated that, Depressive symptoms and depressive syndromes are seen more commonly in association with a variety of conditions that often have physical or somatic presentations and Physical illness increases the risk of developing severe depressive illness (Kapfhammer HP,2006).

According to the study, the most frequently indicated rubrics were, Mind – Weeping, Tearful mood, etc. (n=9), Mind – Sensitive (n=9), Generalities- Weakness (n=9) and Mind – Irritability (n=9), following Sleep-Sleeplessness (n=7) and Mind- Sadness - Mental depression (n=7) and other indicated rubrics were Stomach- Appetite- Diminished, Mind- Anxiety, Sleep- Disturbed, Mind-Fear, Female genitalia- Menses- Irregular, Back- Pain, Mind- Grief, Abdomen- Heaviness, Female genitalia- Leucorrhoea, Abdomen- Heaviness, Mind- Restless, Mind- Work- Impossible. These rubrics were selected based on the features of the patients through case taking and helped in proper differentiation of remedies for selecting a simillimum.

There were different remedies prescribed during the course of the treatment, taking into account the remedy changes that occurred at 4 months follow up. Change of remedy was based on the necessity of the patient. 30th potency was selected at initial and followed by 200 based on homoeopathic philosophy. The most frequently indicated medicines were Nux Vom (n=11), Sepia (n=7), Belladonna (n=3), Lycopodium (n=3), Pulsatilla (n=3), Ars Alb (n=3), Nat Mur (n=2), Nat Carb (n=2), Kali Carb (n=2). And other remedies so far prescribed were Staphysagria, Petroleum, Aethusa, Ammonium

Mur, Antim Crud, Baryta Carb, Phosphorous, Silicea, Ignatia, Calc Carb, Rhus tox, Cocculus, Carbo Veg, Lachesis, and Merc Sol selected for 1 case each. Nux Vom and Bell were being the first remedy for acute illnesses in patients with depression. 24 different medicines were prescribed during the course of the study, among these, 12 medicines are belongs to mineral kingdom, 10 medicines are belongs to plant kingdom, and other 2 medicines are belongs to animal kingdom. There were studies supporting with Nux Vom and Sepia being the best remedies for premenstrual depression.⁵⁷ Other studies implicated that ⁵⁰Arsenicum Album, Calcarea Carb, Lycopodium, Natrum mur, Phosphorus, and Sepia are useful medicines for the treatment of depression (Adler UC,2011).

As per the present scenario with lot of conflicts related to the Homoeopathic school of medicine and people doubtful upon the homoeopathic treatment, the study came up with the following data. The highest before treatment HAM-D score was 22. Before treatment, the HAM-D score ranged from 8 – 22. The HAM-D scores showed that at the baseline, 15 patients had depression of mild intensity, 10 had depression of moderate intensity and 5 had depression of severe intensity. The outcome assessment based on the HAM-D scores, indicated that all patients had improved markedly. The mean HAM-D score analysed at baseline was 13.76 ± 3.69 . The mean score at the end was 6 ± 1.25 . The difference in the mean scores at baseline and at end was found to be statistically significant ($P = 0.001, <0.05$).

Improvements of the individual symptoms on the HAM-D score were also analysed. The differences in individual symptoms present at baseline and at the end were statistically significant. Reduction in score was considered as improved, increase in score as worse and no change in score as static. From the baseline HAM-D scores, it was found that with homoeopathic treatment, all who had depression have shown remarkable improvement in their overall condition and the HAM-D scores fell below 8 at the end of study. After a short time period between 1- 4 months of time all cases became normal. Maximum cases (no=9, 30%) were started showing improvement by 2 months. Majority of cases were showing initial improvement in their Sleep (n=24,80%) after homoeopathic prescription. Next observed symptoms were, Somatic-General and Anxiety-Psychic (n=9,30%).

8. LIMITATIONS AND RECOMMENDATIONS

8.1 LIMITATIONS

1. Number of samples used in this study is very small. Therefore, generalization of the result and inferences of the study need to be done cautiously.
2. This was a time bound study. The cases were followed up only for a period of maximum 4 months.
3. Selection of cases were difficult since many of the cases were irregular in reporting, many of them were not willing to do proper exposure of themselves regarding their own nature and some of them even dropped out.
4. There was no control group to compare the result of the study.
5. In some of the cases, necessary information was lacking and the study was based on the available data.
6. There were not enough standard studies to compare or take guidance from a study of this nature in homoeopathy. Therefore, some human errors are expected.

8.2 RECOMMENDATIONS

1. Bigger sample size with extended time for research will provide better results.
2. The study was an uncontrolled study and stood weaker than the controlled trials on the strength of evidence. Hence, further explorations of this subject need larger studies, with better methodological adaptations (placebo-controlled, randomized, clinical trials), if feasible.

9. CONCLUSION

In my study all the cases are presented with somatic or physical complaints and depressive features were observed by the primary physician while case taking. Higher number of patients presented with joint pain and respiratory complaints. Most common age group of depression were found between 18-35 years. Women to be more frequent sufferers of depression. A course of Homoeopathic treatment is associated with significant benefits in patients with features of depression, as measured by HAM-D scale. Nux Vomica and Sepia were found to be the most indicated medicine. Most indicated rubrics were Mind - Weeping, Tearful mood, etc, Mind – Sensitive, Generalities - Weakness and Mind – Irritability. All cases showed improvement through the effective Homoeopathic individualized remedy. The improvement is evident through the selection of remedy using the rubrics of Kent Repertory. In this study the remedy selection was justified with the help of a Repertorial tool, Kent Repertory.

10. SUMMARY

The study conducted on depression shows the effective treatment of homoeopathic remedies selected with the help of Kent Repertory. The 30 cases were conveniently selected and diagnosed with the help of ICD-10 criteria and scored according to HAM-D scale. In view to the holistic concept of Homoeopathy each case were taken accordingly analyzed and the totality were erected. Then the medicine was prescribed with reference to Materia Medica and Kent's Repertory. The result of the study drawn that the potential rubrics in Kent's repertory are effective in the treatment of patients with features of Depression. Most frequent rubrics observed were Mind - Weeping. Tearful mood, etc, Mind – Sensitive, Generalities- Weakness and Mind – Irritability. Homoeopathy through individualization treats the patient as a whole with the help of a weapon of perception, Kent's repertory, where the symptoms and the corresponding medicine is being evaluated maintains the accuracy in prescription.

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APPENDIX- I

GLOSSARY

1	REMEDY	A medicine or treatment for a disease or injury.
2	SIMILLIMUM	The remedy indicated in a certain case because the same drug, when given to a healthy person, will produce the symptom complex most nearly approaching that of the disease in question.
3	POTENCY	The power of something to affect the mind or body; the number of times a remedy has been diluted & succussed, taken as a measure of the strength of the effect it will produce.
4	REPERTORIZATION	The process of Repertorization is essentially a logical elimination of apparently similar medicines. It starts with a broad choice and narrows down the field, which provides us an adequate and a small group of similar remedies, so that the final selection of the simillimum is made easier with the help of reference to Materia Medica.
5	CONCOMITANT	Symptoms that accompany the chief symptom but have no pathological relation to the chief complaint.

APPENDIX – II

CASE RECORD FORMAT

“Case records are our valuable asset”

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU- 629161

CHRONIC CASE RECORD

Date:

UNIT

REG. No:

Name:.....

Age:..... Sex: M/F/T, Religion:..... Nationality: Occupation:

Name of Father/ Spouse/ Guardian/ Son/ Daughter.....

Marital status: Single/ Married/ Widow(er)/Divorcee/Live-relation.....

Occupation (members living together)..... Income per capita.....

Family size:.....

Diet: Veg/Non Veg / Mixed.....

Address:

.....
Phone No (Office):

Residence.....

Mobile.....email.....

Referred to by.....

FINAL DIAGNOSIS

Homoeopathic	
Disease	

RESULT:	Cured	Relieved	Referred	Otherwise	Expired

Attending physician:.....

2. Initial Presentation of Illness

PATIENTS NARRATION (In the very expression used by hm/ her)	PHYSICIAN'S INTERROGATION (Details regarding symptoms narrated)	PHYSICIAN'S OBSERVATION

2.PRESENTING COMPLAINTS

LOCATION & DURATION	SENSATION & PATHOLOGY	MODALITIES	ACCOMPANIMENTS

3. HISTORY OF PRESENTING ILLNESS & TREATMENT

4. HISTORY OF PAST ILLNESS & TREATMENT ADOPTED

5. HISTORY OF FAMILY ILLNESS:

6. PERSONAL HISTORY:

7. LIFE SPACE INVESTIGATION:

8. PSYCHIC FEATURES:

9. PHYSICAL FEATURES:

A. APPEARANCE

B. REGIONAL

C. GENERALS

D. PHYSICAL EXAMINATION

i) **General**

Jaundice:

Anaemia:

Oedema:

Cyanosis:

Clubbing:

Lymphadenopathy:

Skin colour:

Discolouration:

Skin eruption:

Height:

Weight:

B.M.I:

Pulse rate:

Resp.rate:

Temp:

B.P:

ii) **Systemic**

1. Respiratory System:
2. Cardio Vascular System:
3. Gastro Intestinal System:
4. Urogenital System:
5. Musculo-skeletal System:
6. Central Nervous System:
7. Skin:
8. Endocrine:
9. Eye/ENT:

10. MENSTRUAL HISTORY:

11. OBSTETRICAL HISTORY:

12. LABORATORY FINDINGS:

13. ANALYSIS & DIAGNOSIS OF DISEASE:

A. Provisional Diagnosis:

B. Differential Diagnosis:

C. Final Diagnosis (Disease)

14. DIAGNOSIS OF THE PATIENT

A. Analysis:

B. Evaluation of Symptoms/Totally of Symptoms:

C. Miasmatic Expressions:

D. Repertorial Totality:

E. Final Diagnosis (Homoeopathic):

15. MANAGEMENT & TREATMENT

A. Plan of Treatment:

B. General/Surgical/Accessory:

C. Restrictions (Diet, Regimen etc):

Disease	Medicinal

D. Medicinal: First Prescription:

BASIS OF SELECTION

i) Medicine:

ii) Potency:

iii) Dose:

16. PROGRESS & FOLLOW UP

DATE	SYMPTOM CHANGES	INFERENCE	PRESCRIPTION

APPENDIX- III

HAMILTON DEPRESSION RATING SCALE (HAM-D)

The HAM-D is designed to rate the severity of depression in patients. Although it contains 21 areas, calculate the patient's score on the first 17 answers.

<p>1. DEPRESSED MOOD</p> <p>(Gloomy attitude, pessimism about the future, feeling of sadness, tendency to weep)</p> <p>0 = Absent</p> <p>1 = Sadness, etc.</p> <p>2 = Occasional weeping</p> <p>3 = Frequent weeping</p> <p>4 = Extreme symptoms</p>	<p>12. SOMATIC SYMPTOMS - GASTROINTESTINAL</p> <p>(Loss of appetite , heavy feeling in abdomen; constipation)</p> <p>0 = Absent</p> <p>1 = Mild</p> <p>2 = Severe</p>
<p>2. FEELINGS OF GUILT</p> <p>0= Absent</p> <p>1= Self-reproach, feels he/she has let people down</p> <p>2= Ideas of guilt</p> <p>3= Present illness is a punishment; delusions of guilt</p> <p>4= Hallucinations of guilt</p>	<p>13. SOMATIC SYMPTOMS - GENERAL</p> <p>(Heaviness in limbs, back or head; diffuse backache; loss of energy and fatigability)</p> <p>0 = Absent</p> <p>1 = Mild</p> <p>2 = Severe</p>

<p>3. SUICIDE</p> <p>0= Absent</p> <p>1= Feels life is not worth living</p> <p>2= Wishes he/she were dead</p> <p>3= Suicidal ideas or gestures</p> <p>4= Attempts at suicide</p>	<p>14. GENITAL SYMPTOMS</p> <p>(Loss of libido, menstrual disturbances)</p> <p>0 = Absent</p> <p>1 = Mild</p> <p>2 = Severe</p>
<p>4. INSOMNIA - Initial (Difficulty in falling asleep)</p> <p>0 = Absent</p> <p>1 = Occasional</p> <p>2 = Frequent</p>	<p>15. HYPOCHONDRIASIS</p> <p>0 = Not present</p> <p>1= Self-absorption (bodily)</p> <p>2= Preoccupation with health</p> <p>3= Querulous attitude</p> <p>4= Hypochondriacal delusions</p>
<p>5. INSOMNIA – Middle</p> <p>(Complains of being restless and disturbed during the night. Waking during the night.)</p> <p>0 = Absent</p> <p>1 = Occasional</p> <p>2 = Frequent</p>	<p>16. WEIGHT LOSS</p> <p>0 = No weight loss</p> <p>1 = Slight</p> <p>2 = Obvious or severe</p>

<p>6. INSOMNIA – Delayed</p> <p>(Waking in early hours of the morning and unable to sleep again)</p> <p>0= Absent</p> <p>1 = Occasional</p> <p>2 = Frequent</p>	<p>17. INSIGHT</p> <p>(Insight must be interpreted in terms of patient's understanding and background.)</p> <p>0 = No loss</p> <p>1 = Partial or doubtful loss</p> <p>2 = Loss of insight</p>
<p>7.WORK AND INTERESTS</p> <p>0=No difficulty</p> <p>1=Feeling of incapacity</p> <p>2=Loss of interest in hobbies</p> <p>3= Productivity decreased</p> <p>4= Unable to work</p>	<p>18. DIURNAL VARIATION</p> <p>0= No variation</p> <p>1= Mild variation</p> <p>2= Severe variation</p>
<p>8. RETARDATION</p> <p>(Slowness of thought, speech, and activity; apathy; stupor.)</p> <p>0 = Absent</p> <p>1 = Slight retardation at interview</p> <p>2 = Obvious retardation at interview</p> <p>3 = Interview difficult</p> <p>4 = Complete stupor</p>	<p>19. DEPERSONALIZATION AND DEREALIZATION</p> <p>(feelings of unreality, nihilistic ideas) 0 = Absent</p> <p>1 = Mild</p> <p>2 = Moderate</p> <p>3 = Severe</p> <p>4 = Incapacitating</p>

<p>9. AGITATION</p> <p>(Restlessness associated with anxiety.)</p> <p>0 = Absent</p> <p>1 = Occasional</p> <p>2 = Frequent</p>	<p>20. PARANOID SYMPTOMS (Not with a depressive quality)</p> <p>0 = None</p> <p>1 = Suspicious</p> <p>2 = Ideas of reference</p> <p>3 = Delusions of reference and persecution</p> <p>4 = Hallucinations, persecutory</p>
<p>10. ANXIETY – PSYCHIC</p> <p>0 = No difficulty</p> <p>1 = Tension and irritability</p> <p>2 = Worrying about minor matters</p> <p>3 = Apprehensive attitude</p> <p>4 = Fear</p>	<p>21.OBSESSIONAL SYMPTOMS</p> <p>(Obsessive thoughts and compulsions against which the patient struggles)</p> <p>0 = Absent</p> <p>1 = Mild</p> <p>2 = Severe</p>

<p>11. ANXIETY – SOMATIC</p> <p>Gastrointestinal, indigestion</p> <p>Cardiovascular, palpitation, Headaches</p> <p>Respiratory, Genito-urinary, etc.</p> <p>0 = Absent</p> <p>1 = Mild</p> <p>2 = Moderate</p> <p>3 = Severe</p> <p>4 = Incapacitating</p>	<p>TOTAL ITEMS 1 TO 17: _____</p> <p>0 - 7 = Normal</p> <p>8 - 13 = Mild Depression</p> <p>14-18 = Moderate Depression</p> <p>19 - 22 = Severe Depression</p> <p>> 23 = Very Severe Depression</p>
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APPENDIX – IV

FORM - 4: CONSENT FORM

INFORMATION FOR PARTICIPANTS OF THE STUDY

1. **Title of the project:** “TREATMENT OF CASES WITH FEATURES OF DEPRESSION USING KENT’S RUBRICS ”

2. **Name of the investigator/guide :** Dr. A S Suman Sankar

Professor,

Department of Repertory,

Sarada Krishna Homoeopathic Medical

College, Kulasekharam.

3. **Purpose of this project/ study:**

To find out effectiveness of kent repertory in indicating simillimum for depression.

4. **Procedure/methods of the study:** Subjects those who are judged to have symptoms of depression by the attending physician will be screened for depression using Hamilton depression scale. Those who are found to have depression will be taken after written consent. Subjects with high risk will be sent for psychiatric consultation and subjects who are eligible for the study will be included. Homoeopathic medicine of centesimal potency will be administered after repertorize the case with kent repertory and with reference to materia medica. Dose, frequency and repetition will be based on subjects susceptibility. Assessment and evaluation will be done after 4 months with HAM-D.

5. **Expected duration of the subject participation :** 4 months with follow up
6. **The benefits to be expected from the research to the participant or to others and the post trial responsibilities of the investigator:** The participant who takes part in this study are contributing towards the management of patients who are having symptoms of depression, a treatment which they can attain by without any adverse effect. Through this study the participant get best quality Homoeopathic treatment for their complaints.
7. **Any risks expected from the study to the participant:** For the treatment best selected Homoeopathic medicines will be given. So there will not be any adverse effect or risk because of the study.
8. **Maintenance of confidentiality of records:** I will not disclose identity of the research participants at any time , during or after the study period or during publication. Securely store data documents in locked locations and Encrypt identifiable computerized data. All information revealed by you will be kept as strictly confidential.
9. **Freedom to withdraw from the study at any time during the study period without the loss of benefits that the participant would otherwise be entitled :** Your participation in the study is voluntary and you are free to refuse treatment or withdraw from the study at any time if you are not satisfied.
10. **Possible current and future uses of the biological material and of the data to be generated from the research and if the material is likely to be used for secondary purposes or would be shared with others, this**

should be mentioned : Future uses of the biological material and of the data to be generated from the research and if the material is likely to be used for secondary purposes or will be shared with others only with your consent.

11. Address and telephone number of the investigator and co-investigator/guide :

Investigator: Dr. Jasna Mathew, P.G. Scholar,
Department of Repertory,
Sarada Krishna homoeopathic medical
college and hospital,
Kulasekharam, Mobile no: 8943826042

Guide: Dr. A S Suman Sankar
Professor.
Department of Repertory,
Sarada Krishna Homoeopathic Medical College,
Kulasekharam, mobile no:9443379448

12. Signature of investigator:

13. Signature of Guide

14. Signature of HOD

FORM - 4 : CONSENT FORM (B)

Participant consent form

Informed Consent form to participate in a clinical trial

Study Title: “TREATMENT OF CASES WITH FEATURES OF DEPRESSION
USING KENT’S RUBRICS ”

Study Number:

Subject’s Initials:

Subject’s Name:

Date of birth/Age:

Please initial

Box (Subject)

- i.** I confirm that I have read and understood the information sheet dated JULY 2017 for the above study and have had the opportunity to ask question.
[]
- ii.** I understood that my participation in the study is voluntary and that I am free to withdraw at any time’ without giving any reason. Without my medical care or legal rights being affected. []
- iii.** I understand that the sponsor of the clinical trial,others working on the sponsor’s behalf the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. []

iv. I agree not to restrict the use of any data or result that arise from this study

Provided such a use only for scientific purpose(s). []

v. I agree to take part in the above study. []

Signature (or Thumb impression of the subject/legally acceptable

Representative:_____

Date ____/____/____

Signatory's Name: _____

Signature of the Investigator: _____

Study Investigator's Name: Dr Jasna Mathew

Signature of the Witness_____ Date: ____/____/____

Signature of the Witness _____ Date ____/____/____

APPENDIX - V

SAMPLE CASE – I

“Case records are our valuable asset”

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU- 629161

CHRONIC CASE RECORD

Date: 1. 05. 18 UNIT : IVB REG. No: 3204/ 18

Name: Mr. X

Age: 33yrs Sex: M Religion: Hindu

Nationality: Indian

Name of Spouse: Mrs. Meenakshi

Marital status: Married

Occupation: Manuel labour

Income per capita: 25,000/-

Family size (members living together): 4

Diet: Mixed

Address: Thuckalay, Kanyakumari

Mobile: 9042032649

FINAL DIAGNOSIS

Homoeopathic	Fully developed chronic miasmatic disease
Disease	Right sided inguinal hernia, Depression

RESULT:	Cured	Relieved	Referred	Otherwise	Expired
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Attending physician: Dr. AS Suman Sankar

2. Initial Presentation of Illness

PATIENTS NARRATION (In the very expression used by hm/ her)	PHYSICIAN'S INTERROGATION (Details regarding symptoms narrated)	PHYSICIAN'S OBSERVATION
<ul style="list-style-type: none"> I have the complaint of Pain and swelling over inguinal region. 	<ul style="list-style-type: none"> How long do you have these complaints? <p>I have the complaint since 4 years</p> <ul style="list-style-type: none"> When does it gets aggravated? <p>It aggravates while lying down, and during exertion.</p> <ul style="list-style-type: none"> Are there any ameliorating factors for the pain? <p>There are no ameliorating factors.</p> <ul style="list-style-type: none"> Do you have any other problems? <p>I used to get head ache when exposed to sun</p>	<p>Patient is co-operative, wheatish complexion, small statured, lean, Steady Gait.</p>

2. PRESENTING COMPLAINTS

LOCATION	SENSATION	MODALITY	ACCOMPANIMENTS
ABDOMEN	Pain++	< Lying down	Head ache < sunlight
Right Inguinal region	Swelling++	< Exertion ⁺⁺	
Since 4years			
MIND	Anxiety+++		Palpitation
Since 6 years	Lack of confidence++		Inability to have erection +++
	Fear of public+++		

3. HISTORY OF PRESENTING COMPLAINTS

The patient's complaints started gradually as pain in inguinal region before 4 years followed by swelling. He is taking allopathic medicines but there is no relief.

4. HISTORY OF PREVIOUS ILLNESS

1. Before 6 Years – Chikungunya – Allopathy – Relieved

5. HISTORY OF FAMILY ILLNESS

No relevant history

6. PERSONAL HISTORY

Place of Birth: Thuckalay	Dwellings: Thuckalay
Religion: Hindu	Occupation: Manuel labour
Education: X Std	Marital status: Married
Economic Status: Moderate	Age of marriage: 21 Years of age
Social Status: Moderate	
Nutritional Status: Moderate	
Family Status: Nuclear	
Father: Alive Mother: Alive Siblings: Male-1 Children: Female-2	

HABITS AND HOBBIES

Food: Non-Vegetarian

Addictions: Tea (2-3 cups/day)

DOMESTIC RELATIONS

With Family Members, Relatives, Neighbours, Friends, Colleagues : Good

7. LIFE SPACE INVESTIGATION

He has the feeling of sadness, he always likes to have someone with him. He always prefers to be with his family members. He is having fear of appearing in public, and he is having lack of confidence. He used to get amorous dreams. And having impotency.

8. PSYCHIC FEATURES

- Desire for company
- Gets anger easily
- Feeling of sadness

9. PHYSICAL FEATURES

A. APPEARANCE:

- lean
- Stature Small
- Complexion: Wheaty
- Steady Gait
- Deformity: Nil
- Clean
- Swelling: Nil

B. REGIONALS:

- Tongue : Clean and moist
- Skin : Pale spots present

C. GENERALS

Appetite : diminished

Stool : Regular

Thirst : 3-4 litter /day

Urine : Normal

Sleep : disturbed

Sweat : generalised

- Desires: Cold food and drinks
- Thermal: hot patient

D. PHYSICAL EXAMINATION

i) General

- Jaundice : Not Icteric
- Anaemia : No pallor
- Oedema : Nil
- Cyanosis : Nil
- Clubbing : Nil
- Lymphadenopathy : Nil
- Skin colour : Normal
- Discolouration : Nil
- Skin eruptions : Nil
- Height : 160cm
- Weight : 40Kg
- Pulse rate : 74/min
- Resp. rate : 14/min
- Temp : 98.6°F
- B.P : 110/70 mm of Hg

ii) Systemic

1. Gastro Intestinal System

Upper Gastro Intestinal System:

Inspection: No discolouration in mouth, lips, buccal mucosa and gums.

Tongue is clean, moist and blackish discolouration in the lateral side.

Lower Gastro Intestinal System

Inspection: Normal shape of abdomen, No scar marks, No discolouration,

Umbilicus centrally placed and inverted,

Visible swelling in right inguinal region

No visible peristalsis, No dilated veins, No distension.

Palpation: slight tenderness present in right inguinal region

palpable swelling present on right inguinal region

No local rise of temperature, Liver, Kidney, Spleen are not palpable.

12. LABORATORY FINDINGS

On 08.05.2018 – USG Abdomen and Pelvis

Right inguinal hernia with bowel loops extending into scrotal sac.

13. ANALYSIS AND DIAGNOSIS OF DISEASE

A. Provisional Diagnosis: Right sided Inguinal hernia

B. Differential Diagnosis:

- Spermatocyte
- Hydrocele
- Lipoma of spermatic cord

C. Final Diagnosis (Disease): right sided inguinal hernia

D. Analysis

COMMON	UNCOMMON
<p>Pain and swelling in inguinal region</p> <p>< Lying down</p> <p>< Exertion</p>	<ul style="list-style-type: none">• Fear of public• Lack of confidence• Impossible to work• Sexual dreams• Decreased appetite• Palpitation

14. DIAGNOSIS OF THE PATIENT

A. Evaluation of Symptoms/Totality of Symptoms:

Fear of public

Lack of confidence

Impossible to work

Sexual dreams

Decreased appetite

Painful Inguinal hernia

Impotency

Headache < sun

Palpitation < anxiety during

weakness

B. Miasmatic Expressions:

PSORA	SYCOSIS	SYPHILIS
Pain in inguinal region- < Exertion < Lying down Fear of public Anxiety Lack of confidence Decreased appetite	Inguinal hernia Headache < sun Sexual dreams Palpitation < anxiety	Desires cold food and drinks

C. Repertorial Totality:

	nat-c.	nux-v.	calc.	lyc.	nat-m.	phos.	sulph.	bar-c.	lach.	puls.
1	2	3	4	5	6	7	8	9	10	
9	9	8	8	8	8	8	8	7	7	
18	15	16	16	16	15	15	13	15	15	
1. MIND - WORK, - impossible	(25) 1									
2. MIND - FEAR - crowd,in a	(39) 1									
3. MIND - CONFIDENCE,want of self	(52) 1									
4. STOMACH - APPETITE, - diminished	(112) 1									
5. SLEEP - DREAMS, - amorous	(137) 1									
6. ABDOMEN - HERNIA, - Inguinal - painful	(4) 1									
7. MALE GENITALIA - ERECTIONS, - incomplete	(46) 1									
8. HEAD - PAIN, - sun,from exposure to	(42) 1									
9. CHEST - PALPITATION heart - anxiety	(84) 1									
10. GENERALS - WEAKNESS,enervation	(309) 1									

D. Final Diagnosis (Homoeopathic):

- Fully developed chronic miasmatic disease.

15. MANAGEMENT & TREATMENT

A. Plan of Treatment:

Chronic Medicine – Lycopodium

B. General/Surgical/Accessory:

- Take adequate fluids.
- Include calcium rich and oxalate rich foods.
- Include more vegetable in diet
- Avoid over exertion

C. Restrictions (Diet, Regimen etc.):

Disease	Medicinal
	Avoid coffee and other stimulants.

D. Medicinal: First Prescription:

R_x

Lycopodium 30 /1D

BASIS OF SELECTION

Fear of public

Lack of confidence

Impossible to work

Sexual dreams

Decreased appetite

Painful Inguinal hernia

Impotency

Headache < sun

Palpitation < anxiety during

Weakness

16. PROGRESS & FOLLOW UP

DATE	FOLLOW UP	INFERENCE	PRESCRIPTION
16/6/18	Pain in inguinal region < Lying down < Exertion Swelling present Headache slightly better < sun exposure Impotency still persist Fear of appearing public present Palpitation occ present Sleep reduced Appetite diminished Weakness still persist Wt. 39kg	Complaints persists	R _x 1. Sac Lac - 1D 2. SG 3-3-3 3. SD 1-0-1 * 2weeks
7/7/18	Pain in inguinal region < exertion < lying down Fear of appearing public better than before	Complaints reduced	R _x 1. Lyco 200 / 1 D 2. SG3-3-3 3. SD1-0-1 * 2Weeks

26/7/ 18	<p>Palpitation better</p> <p>Dreams : nil</p> <p>Appetite improved</p> <p>Generals – Good</p> <p>Weakness better</p> <p>Wt. 40kg</p> <p>Pain in inguinal region better.</p> <p>Swelling present</p> <p>Palpitation better</p> <p>Sleep improved</p> <p>Wt. 41 kg</p>	<p>Complaints reduced</p>	<p>R_x</p> <ol style="list-style-type: none"> 1. Sac Lac - 1D 2. SG 3-3-3 3. SD1-0-1 * 1 month
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23/8/18	Pain and swelling in inguinal region better Palpitation better Fear of crowd better Appetite improved Sleep improved Wt- 42 kg	Complaints reduced	R _x 1. Sac Lac - 1D 2. SG 3-3-3 3. SD1-0-1 * 1 month
2/10/18	Pain and swelling in inguinal region better than before Palpitation better Fear of crowd better Appetite improved Sleep improved Wt. 44kg	Complaints reduced	R _x 1. Sac Lac - 1D 2. SG 3-3-3 3. SD1-0-1 *1 month

SAMPLE CASE – II

“Case records are our valuable asset”

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU- 629161

CHRONIC CASE RECORD

Date: 08. 03. 18

UNIT : IVB

REG. No: 419/18

Name: Mrs. X

Age: 47Years yrs Sex: F Religion: Christian

Nationality: Indian

Name of Spouse: Mr. Joseph Mariya

Marital status: Married

Occupation: house wife

Income per capita: 20,000/-

Family size (members living together): 4

Diet: Mixed

Address: Kulasekharam

Mobile: 9864323451

FINAL DIAGNOSIS

Homoeopathic	Fully developed chronic miasmatic disease				
Disease	Lumbar Spondylosis, Bronchial Asthma, Depression				
RESULT:	Cured	Relieved	Referred	Otherwise	Expired

Attending physician: Dr. AS Suman Sankar

2. Initial Presentation of Illness

PATIENTS NARRATION (In the very expression used by hm/ her)	PHYSICIAN'S INTERROGATION (Details regarding symptoms narrated)	PHYSICIAN'S OBSERVATION
<ul style="list-style-type: none"> I have the complaint of Pain in the lumbar region 	<ul style="list-style-type: none"> How long do you have these complaints? <p>I have this complaint since 6 months.</p> <ul style="list-style-type: none"> When does it gets aggravated? <p>It gets aggravates on exertion, walking, stooping and while sitting in squatting position</p> <ul style="list-style-type: none"> Are there any ameliorating factors for the pain? <p>There are no ameliorating factors.</p> <ul style="list-style-type: none"> Do you have any other problems? <p>Yes. I have breathing difficulty on walking and during exertion.</p>	<p>Patient is co-operative, wheaty complexion, small statured, Steady Gait. Anxious look</p>

2. PRESENTING COMPLAINTS

LOCATION	SENSATION	MODALITY	ACCOMPANIMENTS
BACK (Lumbar region) (Since 2 years)	Pain++	< exertion < walking < stooping2+ < squatting2+	
RESPIRATORY SYSTEM Since 2 years	Breathing difficulty	< waking < exertion2+	Chest tightness Foul eructation < morning
MIND Since 3 years	Anxiety++ Irritability + Sadness+++		Sleeplessness

3. HISTORY OF PRESENTING COMPLAINTS

The patient's complaints started gradually as pain in lumbar region before 2 years. it was gradual onset and gradual progression. She also complaints of breathing difficulty. Which was gradual onset and gradual progression. She had taken allopathic medicine. But no relief.

4. HISTORY OF PREVIOUS ILLNESS

1. Before 6 Years – Chikungunya – Allopathy – Relieved

5. HISTORY OF FAMILY ILLNESS

No relevant history

6. PERSONAL HISTORY

Place of Birth: Kulasekharam

Dwellings: Kulasekharam

Religion: Hindu

Occupation: house wife

Education: X Std

Marital status: Married

Economic Status: Moderate

Age of marriage: 23 Years of age

Social Status: Moderate

Nutritional Status: Moderate

Family Status: Nuclear

Father: Alive Mother: Alive

Siblings: Male-1

Children: Female-2

HABITS AND HOBBIES

Food: Non-Vegetarian

Addictions: Tea (2-3 cups/day)

DOMESTIC RELATIONS

With Family Members, Relatives, Neighbours, Friends, and Colleagues: Good

7. LIFE SPACE INVESTIGATION

She has the feeling of loneliness, always thinks that there is no one to care her and no one listen to her. She always likes to have someone with her. While being alone her feeling of loneliness gets intensified and she used to get suicidal thoughts. She always prefers to be with her family members. But most of the time she will be alone and always has the worry that there is no one with her. She is very much short tempered, gets anger from trifle things. She used to get dreams of ghost.

8. PSYCHIC FEATURES

- Desire for company
- Gets anger easily
- Feeling of loneliness
- Fear of being alone
- Dreams of ghosts
- Suicidal thoughts
- Weak memory

9. PHYSICAL FEATURES

A. APPEARANCE:

- Stocky
- Stature Small
- Complexion: Wheaty
- Healthy
- Steady Gait
- Deformity: Nil
- Clean
- Swelling: Nil

B. REGIONALS:

- Tongue : Clean and moist
- Skin : Pale spots present

C. GENERALS

Appetite : 3times/ day

Stool : Regular 1/ day

Thirst : 2-3 litre / day

Urine : 4-5 times / day

Sleep : 10pm- 6 am
perspiration

Sweat : Offensive

- Desires: Cold food and drinks
- Thermal: Chilly patient

D. PHYSICAL EXAMINATION

i) General

- Jaundice : Not Icteric
- Anaemia : No pallor
- Oedema : Nil
- Cyanosis : Nil
- Clubbing : Nil
- Lymphadenopathy : Nil
- Skin colour : Normal
- Discolouration : Nil
- Skin eruptions : Nil

- Height : 156cm
- Weight : 60Kg
- B.M.I : 24.69
- Pulse rate : 74/min
- Resp. rate : 14/min
- Temp : 98.6°F
- B.P : 110/70 mm of Hg

ii) Systemic

Respiratory system

Inspection

Nose: No deviation of nasal septum, No polyp, No enlarged turbinates

Trachea seems to be centrally placed, accessory muscles are not used

Chest bilaterally symmetrical, No scar marks, No dilated veins

Palpation:

Trachea centrally placed

Chest: No local rise of temperature, No tenderness

Percussion: resonant note heard all over the lung field

Auscultation: Rhonchi heard on right upper lobe

Musculo- skeletal System

Examination of thoraco - lumbar region

Inspection:

No scar, No discolouration, No swelling, No muscle wasting

Palpation:

No swelling, No tenderness, No local warmth

Range of movements:

Flexion, Extension, Lateral flexion and rotation possible.

10. MENSTRUAL HISTORY

A. Menses:

- LMP: 02.03.2018
- Regular cycle, 3 days duration
- No clots
- Bright red colour
- No stains
- Concomitants: Pain in breast during menses < touch

B. Previous History:

- FMP: 13Years of age

11. OBSTETRICAL HISTORY

Gravida - 2, Para-2, Abortion - 2, Death -0, Live-2

At 21 Years of age - Normal labour – FTNVD - Normal Puerperium - Female child- 3 Kg
- Condition at birth - Normal

At 26 Years of age - Normal labour – FTNVD - Normal Puerperium - Female child - 2.5
Kg - Condition at birth - Normal

12. LABORATORY FINDINGS

Nothing particular

13. ANALYSIS AND DIAGNOSIS OF CASE

A. Provisional Diagnosis: Lumbar Spondylosis, Bronchial Asthma

B. Differential Diagnosis:

- IVDP
- Spondylolisthesis

C. Final Diagnosis (Disease): Lumbar Spondylosis, Bronchial Asthma,

D. Analysis

COMMON	UNCOMMON
Back Pain – Lumbar region < Exertion Breathing difficulty < walking < exertion	<ul style="list-style-type: none">• Sadness• Suicidal thoughts• Irritability easily• Dreams of ghost• Weak memory• Sleeplessness• Weakness• Foul eructation in the morning• Offensive perspiration• Desires cold food and drinks

14. DIAGNOSIS OF THE PATIENT

A. Evaluation of Symptoms/Totality of Symptoms:

Sadness

Irritability

Weakness of memory

Suicidal thought

Dreams of ghost

Sleeplessness

Chest tightness

Foul eructation < morning

Weakness

B. Miasmatic Expressions:

PSORA	SYCOSIS	SYPHILIS
Gets irritated easily	Suicidal thought	Suicidal thought
Suicidal thoughts	Chest tightness	
Weakness of memory	Foul eructation	
Dreams of ghost		
Weakness		

C. Repertorial Totality:

	sep.	sulph.	sil.	nux-v.	puls.	ang-m.	bell.	carb-v.	alum.	spig.
1	2	3	4	5	6	7	8	9	10	
8	8	8	8	8	8	8	8	8	8	8
20	20	19	18	18	17	17	17	14	13	
Clipboard 1										
1. MIND - SADNESS,mental depression	(249) 1									
2. MIND - SUICIDAL disposition	(70) 1									
3. MIND - IRRITABILITY	(245) 1									
4. MIND - MEMORY,weakness of	(168) 1									
5. SLEEP - DREAMS, - ghosts,spectres	(31) 1									
6. SLEEP - SLEEPLESSNESS	(226) 1									
7. GENERALS - WEAKNESS, enervation	(309) 1									
8. CHEST - CONSTRICTION,tension,tightness	(187) 1									
9. STOMACH - ERUCTIONS - foul - morning	(1) 1									

D. Final Diagnosis (Homoeopathic):

- Fully developed chronic miasmatic disease- Psora

15. MANAGEMENT & TREATMENT

A. Plan of Treatment:

Chronic Medicine – Nux vom

B. General/Surgical/Accessory:

- Take adequate fluids.
- Include calcium rich and oxalate rich foods.
- Include more fruits and vegetables in diet
- Avoid over exertion
- Avoid exposure to cold

C. Restrictions (Diet, Regimen etc.):

Disease	Medicinal
Avoid taking cold food and drinks	Avoid coffee and other stimulants.

D. Medicinal: First Prescription:

R_x

KALI CARB 30 /1D

BASIS OF SELECTION

Sadness

Irritability

Weakness of memory

Suicidal thought

Dreams of ghost

Sleeplessness

Chest tightness

Foul eructation < morning

Weakness

16. PROGRESS & FOLLOW UP

DATE	FOLLOW UP	INFERENCE	PRESCRIPTION
15. 03 20	Lower back pain still persist < exertion < walking < stooping < squatting Breathing difficulty < walking < exertion Chest tightness occasionally present	Complaints persist	R _x 1. Kali Carb 200/1 dose 2. S.G 3PILLS/ TDS

29.03.2018	<p>Foul eructation < morning</p> <p>Weakness still persist</p> <p>Sleep reduced</p> <p>No dreams</p> <p>Lower back pain slightly better < walking < exertion < stooping</p> <p>Breathing difficulty < walking < exertion</p> <p>Chest tightness better than before</p> <p>Foul eructation still persist</p> <p>Weakness better than before</p> <p>Sleep improved</p> <p>Irritability and sadness occasionally present</p> <p>No dreams</p>	Complaints reduced	<p>R_x</p> <p>1. SL /1 D</p> <p>2. S.G 3PILLS/ TDS</p> <p>3. S.D 1 Tab TDS</p>
19.04.2018	<p>Lower back pain better than before < exertion < stooping</p> <p>Breathing difficulty better than before < walking < exertion</p> <p>Tightness in the chest better</p> <p>Foul eructation occasionally present</p> <p>Weakness improved</p>	Complaints reduced	<p>R_x</p> <p>1. Sac Lac 200/1 dose</p> <p>2. S.G 3PILLS/ TDS</p> <p>3. S.D 1 Tab TDS</p>

3.05.2018	<p>Sleep improved</p> <p>Sadness and irritability occasionally present</p> <p>Lower back pain < exertion < stooping</p> <p>Breathing difficulty < walking < exertion</p> <p>Chest tightness better</p> <p>Weakness improved</p> <p>Sleep improved</p> <p>No specific dreams</p> <p>Irritability occasionally present</p>	Complaints reduced	<p>R_x</p> <p>1. Sac Lac 200/1 dose</p> <p>2. S.G 3PILLS/ TDS</p> <p>3. S.D 1 Tab TDS</p>
24.05.2017	<p>Lower back pain better than before < exertion < stooping</p> <p>Breathing difficulty better than before < walking < exertion</p> <p>Tightness in the chest better</p> <p>Foul eructation occasionally present</p> <p>Weakness improved</p> <p>Sleep improved</p> <p>Sadness and irritability occasionally present</p>	Complaints reduced	<p>R_x</p> <p>1. Sac Lac 200/1 dose</p>

16.06.18	<p>Lower back pain < exertion < stooping Breathing difficulty < walking < exertion Chest tightness better Weakness improved Sleep improved No specific dreams Irritability occasionally present</p>	Slow improvement	<p>R_x</p> <p>1. Sepia 30/1 dose 2. S.G 3PILLS/ TDS 3. S.D 1 Tab TDS</p>
07.07.18	<p>Lower back pain better < exertion Breathing difficulty < walking long distance < exertion Foul eructation occasionally present < morning Sadness occasionally present Generals good</p>	Complaints reduced and patient feels better	<p>R_x</p> <p>1. Sac Lac 200/1 dose 2. S.G 3PILLS/ TDS 3. S.D 1 Tab TDS</p>

**APPENDIX -VI
MASTER CHART**

S L N O	PRELIMINAR Y DETAILS	PRESENTING COMPLAINTS	REPERTORIAL TOTALITY	REPERTORIAL RESULT AND MEDICINES PRESCRIBED	SYMPTOMS AS PER HAMILTON DEPRESSION SCALE		OBSERVATION
					BEFORE	AFTER	
	Mrs X1 / 33 F OP NO: 3401/17	Complaint of heaviness of head and sensation of brain feels squeezed since 1 week. Irregular and dark colour menses with clots along with heaviness of abdomen since 2- 3 years.	Mind - Weeping. Tearful Mood, Etc. Mind - Sensitive, - External Impressions, To All Sleep – Sleeplessness Head - Pain, - Morning	Nux Vom 25/11 Staphy 25/11 Staphy 30 Nux Vom 30 Staphy 200	Score- 18 Depressed Mood - Occasional weeping (2) Feeling Of Guilt-Self reproach (1) Sucide-Attempts at suicide(4) Insomnia - Initial- Occasional (1) Insomnia- Middle-	Score- 7 Depressed mood-sadness (1) Insomnia- initial- occasionally (1) Agitation- occasionally (1) Anxiety- psychc- worrying about minor matters (2) Somatic symptoms- git-	Case was diagnosed to have moderate depression. After 4 month treatment showed improvement in Depressed mood, Feeling of guilt, Suicide, Insomnia, Agitation, Somatic symptoms- General, Genital symptoms.

		<p>Weeping tendency and sleeplessness since 1 year</p>	<p>Female Genitalia - Menses, - Irregular</p> <p>Female Genitalia - Menses, - Dark</p> <p>Generals - Weakness, Enervation</p> <p>Head – Heaviness</p> <p>Head - Pain, - Brain, Aching Deep In</p> <p>Abdomen - Heaviness, As from a load,Etc,</p> <p>Head - Pain, - Occiput</p>		<p>Occasional (1)</p> <p>Insomnia- Delayed- Occasional (1)</p> <p>Agitation- Occasional (1)</p> <p>Anxiety-Psychic- Worrying about minor matters (2)</p> <p>Somatic Symptoms- Git- Mild (1)</p> <p>Somatic Symptoms- General - Severe (2)</p> <p>Genital Symptoms- Severe (2)</p>	<p>mild (1)</p> <p>Somatic symptoms-general - mild (1)</p>	
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2	Mrs. X2 / 50 F OP NO:8740/17	<p>Complaints of Eruption in whole body with itching since 4 years.</p> <p>< washing, < warmth</p> <p>Complaints of anxiety and disturbed sleep since 2 year.</p>	<p>Mind - Anxiety - Music, From</p> <p>Mind - Sensitive, - Noise, To</p> <p>Stomach - Aversion To - Milk</p> <p>Stomach - Desires - Fish</p> <p>Sleep - Sleeplessness - Morning</p> <p>Skin - Eruptions - Itching - Washing Agg.</p> <p>Skin - Eruptions - Itching - Warmth - Agg.</p> <p>Skin - Eruptions - Discharging, Moist</p> <p>Head - Pain, - Exertion - Of Body, Etc. Vertigo – Sunlight and heat</p>	<p>Natrum Carb 11/6</p> <p>Natrum Carb 30</p> <p>Natrum Carb 200</p>	<p>Score- 9</p> <p>Insomnia- Delayed-Frequent (2)</p> <p>Work And Interests- Unable to work because of present illness (4)</p> <p>Anxiety- Psychic- Worrying about minor matters (2)</p> <p>Somatic Symptoms- General- Mild (1)</p>	<p>Score- 4</p> <p>Insomnia- middle-occasional (1)</p> <p>Anxiety- psychic- worrying about minor matters (2)</p> <p>Somatic symptoms- general – mild (1)</p>	Case was diagnosed as mild depression. After treatment showed improvement in Insomnia, Work and interests.
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3	Mrs. X3 55 F OP NO:9343/17	<p>Pain and heaviness of head < sun exposure.</p> <p>Pricking type of pain in the back< morning since 4 years.</p> <p>Numbness of hand since 2months.</p> <p>Irritability and disturbed sleep since 1 year.</p>	<p>Mind – Irritability</p> <p>Mind - Restlessness, Nervousness</p> <p>Sleep - Sleepiness – Morning</p> <p>Rectum - Constipation - Ineffectual urging and straining</p> <p>Back - Pain - Stitching, Shooting</p> <p>Generals - Weakness, Enervation - Afternoon</p> <p>Head - Pain, - Sun, From exposure to</p>	<p>Nux Vom 18/8</p> <p>Bell 15/7</p> <p>Nux Vom 30</p> <p>Nux Vom 200</p> <p>Bell 30</p>	<p>Score-11</p> <p>Depressed Mood-Sadness (1)</p> <p>Work And Interests- Unable to work because of present illness (4)</p> <p>Anxiety- Psychic-Tension and irritability-(1)</p> <p>Insomnia-Delayed-Frequent (2)</p> <p>Anxiety Somatic-Moderate (2)</p> <p>Somatic Symptoms-General- Mild (1)</p>	<p>Score-7</p> <p>Depressed mood-sadness (1)</p> <p>Work and interests-productivity decreased (3)</p> <p>Anxiety somatic-moderate (2)</p> <p>Somatic symptoms-general- mild (1)</p>	<p>Case was diagnosed as mild depression. after the study period improvement in Work and interests, Anxiety-Psychic, Insomnia, Anxiety- Somatic were noted.</p>
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4	Mrs. X4 / 50 F OP NO:478/18	Complaints of reddish eruption and itching of whole body since 2 months. Weeping disposition and disturbed sleep since 2 years.	Mind - Company, - Desire For Mind - Sensitive, - External impressions, to all Sleep – Disturbed Rectum - Constipation - Alternating with diarrhea Stomach - Nausea – Morning Skin - Itching - Night Skin - Eruptions - Red Generals - Weakness, Enervation - Morning	Nux Vom 13/6 Sepia 11/6 Nux Vom 30 Sepia 30 Sepia 200	Score- 12 Depressed Mood- Occasionally weeping (2) Insomnia- Initial- Frequent (2) Insomnia- Middle- Frequent (2) Work And Interests- Productivity decreased (3) Anxiety- Psychic- Worrying About minor matters (2) Somatic Symptoms- Git – Mild (1)	Score- 7 Depressed mood - occasionally weeping (2) Insomnia- initial- occasional (1) Insomnia- middle- occasional (1) Anxiety- psychic- worrying about minor matters (2) Somatic symptoms- git – mild (1)	Case comes under the category of mild depression. After 4 month treatment improvement in Insomnia, Work and interests, were noted
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5.	Mrs. X5/ 28 F OP NO: 10085/17	Complaints of dry cough and frequent sneezing since 4 years. Offended feeling since 3 years.	Mind - Offended, Easily Mind - Consolation - Amel. Stomach - Aversion To - Fats And Rich Food Stomach - Appetite, - Diminished Cough - Dry - Night Chest - Coldness - Heart, - Region Of Nose - Sneezing – Frequent	Petroleum 10/6 Petroleum 30 Petroleum 200	Score-9 Depressed Mood- Sadness (1) Insomnia- Initial- Frequent (2) Insomnia- Middle- Frequent (2) Work And Interests- Loss of interests in hobbies (2) Anxiety- Somatic- Moderate (2)	Score- 6 Depressed mood – sadness (1) Insomnia- initial- occasional (1) Insomnia- middle- occasional (1) Work and interests- loss of interests in hobbies (2) Anxiety- somatic-mild (1)	Case was diagnosed as mild depression. After the administration of medicine showed improvement in Insomnia, Anxiety- Somatic.
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7	Mrs. X7 / 19 F OP NO: 7009/17	Complaints of sneezing and temporal headache since 4years. Irritability and sleeplessness since 4 years.	Mind - Company, - Aversion To Mind - Anger, Irrascibility -Throws Things Away Mind – Irritability Sleep - Sleeplessness Stomach - Appetite, - Diminished Nose - Sneezing - Night Head - Pain, - Temples	Nux Vom 12/5 Bell 12/5 Nux Vom 30 Nux Vom 200 Bell 30	Score- 11 Depressed Mood- Occasional Weeping (2) Insomnia- Initial- Frequent (2) Insomnia- Middle- Frequent (2) Insomnia- Delayed- Frequent (2) Anxiety- Psychic-Tension And Irritability (1) Anxiety- Somatic- Mild (1) Somatic Symptoms- General- Mild (1)	Score-4 Depressed mood- occasional weeping (2) Anxiety- somatic- mild (1) Somatic symptoms- general- mild (1)	Case of mild depression. After 4 month treatment improvement in Insomnia, Anxiety- Psychic, Anxiety- Somatic were noted.
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8	Mrs. X8 / 50 F OP NO:194/18	Complaints of pain in joints since 4 years. Weeping tendency and sadness since 4 years.	Mind – Grief Mind - Weeping. Tearful Mood, Etc. Stool - Hard Abdomen - Heaviness, As From A Load, Etc. Stomach - Appetite, - Diminished Extremities - Pain - Joints – Motion Generals – Obesity Extremities - Pain - Tearing - Fingers - Tips Of	Ammonium Mur 12/6 Ammonium Mur 30 Ammonium Mur 200	Score- 10 Depressed Mood-Sadness (1) Insomnia-Initial-Occasional (1) Insomnia- Middle-Occasional (1) Anxiety- Psychic-Tension and irritability (1) Anxiety- Somatic- Severe (3) Somatic- Git- Severe (2) Weight Loss-Slight (1)	Score-7 Depressed mood-sadness (1) Insomnia-initial-occasional (1) Insomnia- middle-occasional (1) Anxiety- psychic-tension and irritability (1) Anxiety- somatic-moderate (2) Somatic- git-mild (1)	Case was diagnosed as mild depression after the study period improvements in Insomnia, Anxiety- Somatic, Somatic- GIT, Weight loss were noticed.
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9	Mrs. X9/ 42 F OP NO:5153/18	Complaints of dry eruption with burning in the uncovered parts since 2 months. Irritability and sleeplessness since 6 months.	Mind – Irritability Mind - Sentimental Sleep - Sleeplessness Skin - Eruptions - Burning Skin - Eruptions - Itching - Night Generals - Cold - Heat and cold Head - Pain, - Vertex	Antim Crud 12/7 Lyco 12/6 Antim Crud 30 Antim Crud 200 Lyco 30	Score- 14 Depressed Mood- Occasional Weeping (2) Insomnia- Initial- Frequent (2) Insomnia- Middle- Frequent (2) Insomnia- Delayed- Frequent (2) Anxiety Psychic-Tension And Irritability (1) Anxiety- Somatic- Severe (3) Somatic Symptoms General – Severe (2)	Score-6 Depressed mood-sadness (1) Insomnia- middle- occasional (1) Insomnia- delayed- occasional (1) anxiety-somatic- moderate (2) Somatic symptoms general –mild (1)	Case was diagnosed to have moderate depression. After the study period showed improvement in Depressed mood, Insomnia , Anxiety- Psychic, Anxiety- Somatic, Somatic symptoms-General.
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10	Mrs. X10/ 50 F OP NO:7430/13	Complaint of pain in the urethra and lower back pain.since 3 months Suicidal thoughts and weeping tendency since 2 years.	Mind - Weeping. Tearful Mood, Etc. Mind - Suicidal Disposition Mind - Prostration of mind Sleep - Disturbed Urethra-Urinary Organs - Pain - Urination, - After Back - Pain - Sitting, - While Mouth - Ulcers Throat Internal - Lump, Plug, Etc., sensation of	Lachesis 14/6 Nux Vom 13/7 Lachesis 30 Lachesis 200 Nux Vom 30	Score-18 Depressed Mood- Frequent Weeping (3) Suicide- Suicidal ideas or gestures (3) Insomnia Initial- Frequent (2) Insomnia Middle- Frequent (2) Work And Interests- Productivity decreased (3) Anxiety- Psychic-Fears (4) Somatic Symptoms- Git-Mild (1)	Score-6 Depressed mood- occasional weeping (2) Insomnia initial- occasional (1) Insomnia middle- occasional (1) Anxiety- psychic-tension and irritability (1) Somatic symptoms- git-mild (1)	Diagnosed as moderate depression. After 4 months improvement in Depressed mood, Suicide, Insomnia, Work and interests, Anxiety- Psychic were noted.
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11	Mrs. X11/28F OP NO:4729/18	Complaints of irregular menses since 5 years. Sadness and weeping tendency since 6 years.	Mind - Sadness, Mental depression Mind – Irritability- Menses during Mind - Weeping. Tearful Mood,Etc. - Alone, when Stomach - Appetite, - Diminished Female Genitalia - Menses, - Irregular Female Genitalia - Menses, - Copious Female Genitalia - Menses, - Clotted - Dark Stomach - Pain - Burning - Night	Puls 10/6 Nux Vom 10/5 Puls 30 Puls 200 Nux Vom 30	Score-11 Depressed Mood-Frequent weeping (2) Insomnia Initial-Occasional (1) Insomnia Middle-Occasional (1) Agitation- Occasionally (1) Anxiety- Psychic-Worrying about minor matters (2) Somatic Symptoms- Git-Severe (2) Genital Symptoms – Severe (2)	Score-4 Depressed mood-sadness (1) -somatic symptoms- git-mild (1) Anxiety- psychic-worrying about minor matters (2)	Diagnosed as mild depression. After administration of medicine showed improvement in Depressed mood, Insomnia, Agitation, Somatic symptoms- GIT, Genital symptoms.
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12	Mr. X12/ 33M OP NO:3204/ 18	Complaints of pain and swelling in the inguinal region since 4years. Anxiety and lack of confidence since 6 years.	Mind - Fear - Crowd, in a Mind - Confidence, Want Of Self Mind - Work, - Impossible Sleep - Dreams, - Amorous Stomach - Appetite, - Diminished Abdomen - Hernia, - Inguinal - Painful Head - Pain, - Sun, From Exposure To Chest - Palpitation Heart - Anxiety Generals - Weakness, Enervation	Lyco 18/9 Lyco 30 Lyco 200	Score-20 Depressed mood- Sadness (1) Insomnia- Initial – Frequent (2) Insomnia Middle- Frequent (2) Work And Interests- Unable to work because of present illness (4) Agitation- Occasionally (1) Anxiety- Psychic- Apprehensive attitude (3) Anxiety- Somatic- Moderate (2) Somatic – Git- Severe (2) Genital Symptoms- Severe (2) Weight Loss- Slight (1)	Score-6 Insomnia- initial- occasional (1) Agitation- occasional (1) Anxiety- psychic- worrying about minor matters (2) Genital symptoms- mild (2)	Case was diagnosed as severe depression. After the study period improvement in Depressed mood, Insomnia, Work and interests, Anxiety- Psychic, Anxiety- Somatic, Somatic symptoms- GIT, Genital symptoms, Weight loss were observed.
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13	Mrs. X13/ 29 F OP NO:4289	Complaints of amenorrhea since 11/2 years. Irritability and disturbed sleep since 2 years.	Mind – Irritability Mind - Memory, Weakness Of Mind - Dullness, Sluggishness, Difficulty Of Thinking And Comprehending Sleep - Disturbed Female Genitalia - Menses, - Absent, Amenorrhea Generals - Convulsions - Injuries, From	Baryta Carb 15/5 Bell 12/5 Baryta Carb 30 Baryta Carb 200 Bell 30	Score-16 Depressed mood- Occasional weeping weeping (2) Insomnia- Initial- frequent (2) Insomnia -Middle- frequent (2) Insomnia- Delayed- frequent (2) Anxiety- Psychic- Tension and irritability (1) Anxiety- Somatic- Severe (3) Somatic symptoms- General- Severe (2) Genital symptoms- Severe(2)	Score-4 Depressed mood- sadness (1) Anxiety- somatic- moderate (2) Genital symptoms- mild (1)	Case was diagnosed to have moderate depression. After the study period improvement in Depressed mood, Insomnia, Anxiety- Psychic, Anxiety- Somatic, Somatic symptoms- General, Genital symptoms were observed.
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14	Mrs. X14/ 29 F OP NO: 419/ 18	Complaints of back pain since 2years. Anxiety and irritability since 3 years.	Mind - Weeping. Tearful Mood, Etc. Mind - Anxiety Mind - Irritability Mind - Fear - Alone,Of Being Stomach - Thirst - Menses, - Before Back - Pain - Lying, - Back, On Back - Pain - Warmth, External, Amel. Female Genitalia - Menses, - Irregular	Kali Carb 14/6 Sepia 16/7 Kali Carb 30 Kali Carb 200 Sepia 30	Score-22 Depressed mood- Frequent weeping (3) Insomnia- Initial- Frequent (2) Insomnia- Middle- Frequent (2) Insomnia Delay- Frequent (2) Work and interests- Productivity decreased (3) Anxiety- Psychic-Tension and irritability(1) Anxiety- Somatic- Severe (3) Somatic symptoms- Git- Severe (2) Somatic Symptoms- General- severe (2) Genital Symptoms- Severe (2)	Score-7 Depressed mood-sadness (1) Insomnia- initial- occasional (1) Insomnia- middle- occasional (1) Anxiety- somatic- moderate (2) Somatic symptoms- git- mild (1) Somatic symptoms- general- mild (1)	Case was comes under severe depression. After the study period improvement in Depressed mood, Insomnia, Work and interests, Anxiety- Psychic, Anxiety somatic, Somatic symptoms- GIT, Somatic symptoms- General, Genital symptoms were noted.
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15	Mrs. X15/ 19 F OP NO: 2266/17	Complaints of leucorrhoea since 2 years. Anxiety and weeping tendency since 6 months.	Mind - Weeping. Tearful Mood,Etc. Mind - Sensitive, - Oversensitive Mind - Company, - Desire For. Mind - Anxiety - Health, About Perspiration – Profuse Head - Pain, - Noise, From Female Genitalia - Leucorrhoea - White Female Genitalia - Leucorrhoea - Menses, - After Abdomen - Distension	Puls 17/8 Phos 20/9 Puls 30 Puls 200 Phos 30	Score-11 Depressed mood- Occasional weeping (2) Anxiety- Psychic- Worrying about minor matters (2) insomnia middle- Occasional (1) Anxiety- Somatic- Moderate (2) Somatic symptoms- Git- Mild (1) Somatic symptoms general- Severe (2) Genital symptoms- mild (1)	Score-7 Depressed mood occasional weeping (2) Insomnia middle- occasional (1) Anxiety- somatic- moderate (2) Somatic symptoms- git- mild (1) Somatic symptoms general- mild (1)	Case was diagnosed as mild depression. After the treatment showed improvement in Anxiety- Psychic, Insomnia, Somatic symptoms- General, Genital symptoms.
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16	Mrs. X16/ 24 F OP NO: 5232/17	Complaints of sneezing in the morning since 4 years. Anxiety and disturbed sleep since 4 years	Mind- Grief Mind - Sensitive, - Noise, To Mind – Anxiety Sleep - Waking, - Early Head - Pain, - Mental Exertion, - From Nose - Sneezing - Morning Nose - Sneezing - Constant Nose - Coryza - Constant Chest - Pain – Mammae Head - Pain, - Noise,From Face- Discolouration- White spot	Natrum Carb 16/8 Silicea16/7 Natrum Carb 30 Natrum Carb 200 Silicea 30	Score-13 Depressed mood- Occasional weeping (2) Insomnia- Initial- Frequent (2) Insomnia- Middle- Occasional (1) Work and interests- Productivity Decreased (3) Anxiety- Psychic- Worrying about minor matters (2) Anxiety somatic-Moderate (2) Somatic symptoms- General- mild (1)	Score-7 Depressed mood- occasional weeping (2) Insomnia- initial- occasional (1) Insomnia- middle- occasional (1) Anxiety somatic- mild (1) Somatic symptoms- general- mild (1) Somatic symptoms- general- mild (1)	Case was diagnosed to have mild depression. After the study period showed improvement in Insomnia, Work and interests, Anxiety- Psychic, Anxiety- Somatic
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17	<p>Mrs. X17/ 35 F</p> <p>OP NO: 5287/18</p>	<p>Complaints of sneezing with watery nasal discharge and dry cough since 1 year.</p> <p>Weakness and disturbed sleep since 8 months</p>	<p>Mind - Work, - Impossible</p> <p>Mind - Company, - Desire For</p> <p>Stomach - Thirst - Unquenchable</p> <p>Sleep – Disturbed</p> <p>Nose - Sneezing - Morning</p> <p>Cough - Dry</p> <p>Cough - Night - Midnight</p> <p>Generals - Cold - In General Agg.</p> <p>Eye - Swollen - Lids - Under The Lids</p> <p>Generals - Sluggishness of the body</p>	<p>Ars Alb 19/8</p> <p>Nux Vom 13/7</p> <p>Ars Alb 30</p> <p>Ars Alb 200</p> <p>Nux Vom 30</p>	<p>Score-8</p> <p>Insomnia- Middle-Frequent (2)</p> <p>Work and interests - Unable to work due to present illness (4)</p> <p>Somatic symptom- Git-Mild (1)</p> <p>Somatic symptom-General- Mild (1)</p>	<p>Score-3</p> <p>Insomnia- middle-occasional (1)</p> <p>Anxiety- somatic- mild (1)</p> <p>Somatic symptom- git-mild (1)</p>	<p>Case was diagnosed to have mild depression. After the study period improvement in Insomnia, Work and interests, Somatic symptoms-General were noted.</p>
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18	Mrs. X18/ 42 F OP NO:1670/18	Complaints of pain in the chest along with palpitation and irregular menses. Weeping tendency and sleeplessness since 5 years.	Mind - Grief - Ailments, From Mind - Weeping. Tearful Mood, Etc. Sleep - Sleeplessness - Grief, From Chest - Perspiration Chest - Pain - Exertion Chest - Palpitation Heart - Anxiety Female Genitalia - Menses, - Irregular Female Genitalia - Menses, - Clotted - Dark Female Genitalia - Leucorrhoea - Acrid, Excoriating Abdomen – Distension	Natrum Mur 17/6 Ignatia 13/7 Natrum Mur 30 Natrum Mur 200 Ignatia 30	Score-20 Depressed mood- Frequent Weeping (3) Insomnia-Initial- Frequent (2) Insomnia- Middle- Frequent (2) Insomnia- Delayed- Frequent (2) Work and interests- Unable to work due to present illness (4) Agitation- Occasionally present (1) Anxiety- Somatic- Severe (3) Somatic- Git- Mild (1) Somatic- General- Severe (2)	Score-7 Insomnia- middle- occasional (1) Work and interests - productivity decreased (3) Agitation- occasionally present (1) Anxiety- somatic- mild (1) Somatic- general- mild (1)	Case was diagnosed as severe depression. After the study period showed improvement in Depressed mood, Insomnia, Work and interests, Anxiety- Somatic, Somatic-GIT, Somatic symptoms -General,
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19	Mr. X19/41 M OP NO:84/18	Complaints of breathing difficulty since 7 years. Weeping tendency and disturbed sleep since 5 years.	Mind – Irritability Mind - Company, - Aversion to Generals - Food, - Sweets Agg. Stomach - Desires – Sweets Stomach - Desires - Eggs Sleep - Disturbed Respiration - Difficult - Coition, During Respiration - Arrested – Coughing	Sepia 11/6 Nux Vom 10/ 4 Sepia 30 Sepia 200	Score-13 Depressed mood- Sadness (1) Insomnia- Initial- Frequent (2) Insomnia- Middle- Frequent (2) Insomnia- Delayed (2) Work and interests- Productivity decreased (3) Anxiety- Psychic- Tension and irritability (1) Anxiety- Somatic- Moderate (2)	Score-7 Depressed mood- sadness (1) Insomnia- initial- occasional (1) Work and interests- productivity decreased (3) Anxiety- somatic- moderate (2)	Case was diagnosed to have mild depression. After the study period improvement in Insomnia, Anxiety- Psychic, Anxiety- Somatic were noticed.
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20	Mrs. X20/ 59 F OP NO:3902/17	Complaints pain in lumbar region since 6 years. Anxiety and confusion since 6 months.	Mind – Anxiety Mind - Forgetful Mind - Confusion of mind Stomach - Thirst - Unquenchable Perspiration – Profuse Back – Pain Aching Back - Pain - Lumbar Region - Wet weather ,In	Calc Carb 17/7 Rhus tox 16/7 Calc Carb 30 Calc Carb 200 Rhus tox 30	Score-10 Insomnia- Initial- Frequent (2) Insomnia- Middle- Occasional (1) Anxiety- Somatic- Severe (3) Somatic symptoms- Git- Severe (2) Somatic- General- Severe (2)	Score-5 Insomnia- initial- occasional (1) Anxiety- somatic- moderate (2) Somatic – general symptoms- mild (1) Somatic symptoms- git- mild (1)	Case was diagnosed as mild depression. After the study period showed improvement in Insomnia, Anxiety- Somatic, Somatic symptoms- GIT, Somatic symptoms- General.
21	Mrs. X21/ 33 F OP NO:4788/17	Complaints of hair fall after delivery. Sadness and weakness of body since 6 months.	Mind - Sadness, Mental Depression Mind - Sensitive, - Oversensitive Mind - Contradiction, Is intolerant of Stomach - Desires - Cold Drinks Head - Empty, Hollow sensation	Cocculus 15/7 Cocculus 30 Cocculus 200	Score-10 Depressed mood- Sadness (1) Insomnia- Initial- Occasional (1) Work and interests- Productivity- decreased (3) Anxiety-Somatic- Severe (3)	Score-4 Depressed mood- sadness (1) Anxiety-somatic- moderate (2) Somatic symptom general- mild (1)	Case was diagnosed as mild depression. After the study period improvement in Insomnia, Work and interests, Anxiety -Somatic, Somatic symptoms- GIT,

			<p>Abdomen - Distension</p> <p>Generals - Weakness, Enervation</p> <p>Head - Hair, - Falling - Parturition, After</p>		<p>Somatic symptoms- Git- Mild (1)</p> <p>Somatic symptoms - General- Mild (1)</p>		<p>Somatic symptoms- General were noticed.</p>
22	<p>Mrs. X22/47 F</p> <p>OP</p> <p>NO:9360/17</p>	<p>Complaints of breathing difficulty since 1year.</p> <p>Sadness and irritability since 4 months.</p>	<p>Mind - Sadness, Mental Depression</p> <p>Mind - Suicidal disposition</p> <p>Mind - Irritability</p> <p>Mind - Memory, Weakness of</p> <p>Sleep - Dreams, - Ghosts, Spectres</p> <p>Sleep - Sleeplessness</p> <p>Respiration - Difficult - Waking, With</p>	<p>Nux Vom 19/9</p> <p>Sepia 21/9</p> <p>Nux Vom 30</p> <p>Nux Vom 200</p> <p>Sepia 30</p>	<p>Score-19</p> <p>Depressed mood- Frequent weeping (2)</p> <p>Suicide- Suicidal ideas or gestures (3)</p> <p>Insomnia- Initial- Frequent (2)</p> <p>Insomnia -Middle- Frequent (2)</p> <p>Work and interests- productivity decreased (3)</p> <p>Anxiety- Psychic- Apprehensive attitude (3)</p>	<p>Score-6</p> <p>Depressed mood- sadness (1)</p> <p>Insomnia- initial- occasional (1)</p> <p>Anxiety-somatic- moderate (2)</p> <p>Somatic symptoms- general- severe (2)</p>	<p>Case was diagnosed as severe depression. After the study duration improvement in Depressed mood, Suicide, Insomnia, Work and interests, Anxiety- Psychic, Somatic symptoms- General were noticed.</p>

			<p>Chest - Constriction, Tension, Tightness</p> <p>Stomach - Eructations - Foul – Morning</p> <p>Generals - Weakness, Enervation</p>		<p>Anxiety- Somatic- Moderate (2)</p> <p>Somatic symptoms- General- Severe(2)</p>		
23	Mrs.X23/ 30 F OP NO:636/18	<p>Complains of leucorrhea since 3 years.</p> <p>Sadness and sleeplessness since 1 year.</p>	<p>Mind - Weeping. Tearful mood, Etc.</p> <p>Mind - Company, - Aversion to</p> <p>Mind - Sadness, Mental depression</p> <p>Sleep - Sleeplessness</p> <p>Abdomen - Pain, - Tearing - Menses, - During</p> <p>Female Genitalia - Leucorrhoea - Menses, - Before</p>	<p>Natrum Mur 20/8</p> <p>Natrum Mur 30</p> <p>Natrum Mur 200</p>	<p>Score-18</p> <p>Depressed mood- Frequent- Weeping (3)</p> <p>Insomnia- Initial – Frequent (2)</p> <p>Insomnia- Middle – Frequent (2)</p> <p>Insomnia-Delayed- Frequent (2)</p> <p>Agitation- Frequent (2)</p> <p>Anxiety- Psychic- Worrying about minor matters (2)</p>	<p>Score-7</p> <p>Insomnia- initial – occasional (1)</p> <p>Insomnia- middle – occasional (1)</p> <p>Insomnia- delayed- occasional (1)</p> <p>Anxiety- somatic- moderate (2)</p> <p>Somatic symptoms- git- mild (1)</p> <p>Genital symptoms- mild (1)</p>	<p>Case was diagnosed to have moderate depression. After the administration of medicine follow up regularly. After the study duration. Showed improvement in Depressed mood, Insomnia, Agitation, Anxiety- Psychic, Anxiety- Somatic, Genital symptoms.</p>

			Female Genitalia - Leucorrhoea - White Generals - Weakness, Enervation		Anxiety- Somatic-Severe (3) Somatic symptoms- Git- Mild (1) Genital symptoms- Severe (2)		
24	Mr. X24/ 50 M OP NO:7137/11	Complaints of tremors in the hand and pain in the cervical region since 1 year. Sadness and irritability since 1 year.	Mind - Sadness, Mental Depression Mind - Irritability Mind - Anxiety – Evening Urine - Odor – Offensive Perspiration - Odor, - Offensive Male Genitalia - Erections, - Incomplete Extremities - Trembling - Hand Back - Pain - Cervical region	Sepia 20/8 Sepia 30 Sepia 200	Score-15 Depressed mood- Occasional weeping (2) Insomnia-Initial- Occasional (1) Insomnia- Middle- Frequent (2) Anxiety- Psychic- Tension and irritability (1) Work and interests- Productivity decreased (3) Somatic symptoms- Git- Severe (2) Somatic symptoms- General- severe (2) Genital symptoms- Severe (2)	Score-7 Depressed mood- sadness (1) Insomnia- initial- occasional (1) Work and interests- productivity decreased (3) Somatic symptoms- git- mild (1) Somatic symptoms- general-mild (1) Genital symptoms-mild	Case was diagnosed to have symptoms of moderate depression. After the study period showed improvement in Depressed mood, Insomnia, Anxiety- Psychic, Work and interests, Somatic symptoms- GIT- Somatic symptoms - General , Genital symptoms.

25	Mrs. X25/ 42 F OP NO:835/18	Complaints of breathing difficulty since 1 year. Sadness and sleeplessness since 1 year.	Mind – Irritability Mind - Sadness, Mental Depression Mind - Work, - Impossible Sleep - Sleeplessness Abdomen - Heaviness, As from a load,Etc. Respiration - Difficult - Morning Respiration - Difficult – Walking	Nux Vom 13/7 Carbo Veg 12/6 Lyco 14/7 Nux Vom 30 Nux Vom 200 Carbo Veg 30 Lyco 30	Score-15 Depressed mood- Sadness (1) Insomnia initial- Frequent (2) Insomnia middle- Frequent (2) Work and interests- Fnable to work due to the present complaint (4) Anxiey- Psychic- Tension and irritability-(1) Anxiety- Somatic- Severe (3) Somatic symptoms- Sit- Severe (2)	Score-7 Depressed mood- sadness (1) Insomnia initial- occasional (1) Insomnia- middle- occasional (1) Anxiety-psychic- tension and irritability(1) Anxiety- somatic- moderate (2) Somatic symptoms- git- mild (1)	Case was diagnosed as moderate depression. After the treatment showed improvement in Insomnia, Work and interests, Anxiety- Somatic, Somatic symptoms- GIT.
26	Mrs. X26/ 33 F OP NO:9680/17	Presented with the complaint of pain in cervical region since 4 years. Sadness and tiredness since 3 years.	Mind - Weeping. Tearful Mood,Etc. Mind - Fear - Alone, Of Being Stomach - Thirstless	Puls 14/6 Kali Carb 9/5 Puls 30 Puls 200 Kali Carb 30	Score-15 Depressed mood- Frequent weeping (3) Insomnia- initial- Occasional (1) Anxiety- Psychic- Fear (4) Anxiety- Somatic- Severe (3)	Score-6 Anxiety- psychic- fear (4) Anxiety-somatic - mild (1) Anxiety- git- mild (1)	Case was diagnosed to have symptoms of moderate depression after 4 month changes in Depressed mood, Insomnia, Anxiety- Somatic, Anxiety-GIT,

			<p>Stomach - Appetite, - Diminished</p> <p>Head - Pain, - Air,open - Amel.</p> <p>Back - Pain - Cervical region – Night</p>		<p>Anxiety- Git- Severe (2)</p> <p>Somatic symptoms- General- Severe (2)</p>		<p>Somatic symptoms- General were noted.</p>
27	<p>Mrs. X27/ 31 F</p> <p>OP NO:6556/18</p>	<p>Presented with the complaint of cervical region since 3 years.</p> <p>Irritability and sadness since 3 years.</p>	<p>Mind – Irritability</p> <p>Mind - Fear - Alone, Of Being</p> <p>Mind - Sadness, Mental depression</p> <p>Stomach - Appetite, - Diminished</p> <p>Sleep – Disturbed</p> <p>Female Genitalia - Menses, - Scanty</p> <p>Back - Pain - Cervical region</p>	<p>Ars Alb 16/7</p> <p>Sepia 14/7</p> <p>Ars Alb 30</p> <p>Ars Alb 200</p> <p>Sepia 30</p>	<p>Score-12</p> <p>Depressed mood- Occasional weeping (2)</p> <p>Work and interests- Productivity decreased (3)</p> <p>Agitation- Frequent (2)</p> <p>Anxiety- Psychic- Tension and irritability (1)</p> <p>Anxiety- Somatic- Moderate (2)</p> <p>Somatic symptoms- General- Severe (2)</p>	<p>Score-5</p> <p>Work and interests- productivity decreased (3)</p> <p>Anxiety- somatic- moderate (2)</p>	<p>Case was diagnosed as mild depression. After the study period showed improvement in Depressed mood, Agitation, Anxiety- Psychic, Somatic symptoms- General.</p>

28	Mr. X28/ 23 M OP NO:6225/17	Presented with the complaint of sneezing and watery nasal discharge since 5 years. Sadness and anxiety since 4 years.	Mind - Sadness, Mental depression Mind – Anxiety Mind - Offended, Easily Sleep - Sleeplessness - Morning Generals - Weakness, Enervation Nose - Sneezing - Morning	Sepia 16/5 Sepia 30 Sepia 200	Score-15 Depressed mood- Sadness (1) Insomnia- Delayed - Frequent (2) Insomnia- Middle- Occasional(1) Agitation- Frequent (2) Anxiety- Psychic- Fears (4) Anxiety- Somatic-Severe (3) Somatic symptoms- General- severe (2)	Score-7 Depressed mood- sadness (1) Insomnia- middle occasional (1) Anxiety- psychic- fears (4) Somatic symptoms- general- mild (1)	Case was found to have symptoms of moderate depression. After the study period improvement in Insomnia, Agitation, Anxiety- Somatic, Somatic symptoms-General were noted.
29	Mrs. X29 / 43 F OP NO:12993/13	Patient presented with the complaint of joint pain since 5 years. Tiredness and disturbed sleep since 1 year.	Mind - Weary of life Mind - Answers - Slowly Mind - Fear - Alone,of being Stomach - Appetite, - Increased (Hunger	Merc Sol 14/7 Merc Sol 30 Merc Sol 200	Score-14 Insomnia- Initial- Frequent (2) Insomnia-Middle- Frequent (2) Work and interests- Unable to work due to present illness (4)	Score-6 Insomnia-middle- occasional(1) Anxiety- psychic- fear (4) Anxiety- somatic- mild (1)	Case was diagnosed as moderate depression. After the treatment of 4 month improvement in Insomnia, Work and interests, Somatic symptoms- GIT

			in general) Sleep - Disturbed Extremities - Pain - Tearing Abdomen - Distension		Anxiety-Psychic- Fears (4) Anxiety- Somatic- Mild (1) Somatic- git- mild (1)		were noticed.
30	Mr. X30/ 40 M OP NO:6733/18	Presented with the complaint of eruption in the foot since 3 months. Sadness and disturbed sleep since 1 year.	Mind - Restlessness, Nervousness Mind – Fear Stomach - Appetite, - Diminished Sleep - Disturbed Abdomen - Pain, - Burning Extremities - Eruption - Foot Extremities - Eruption - Burning	Ars Alb 16/7 Ars Alb 30 Ars Alb 200	Score-14 Depressed mood- Sadness(1) Insomnia- initial- Occasional (1) Insomnia- Middle- Frequent (2) Anxiety- Psychic- Fears (4) Anxiety- Somatic- Moderate (2) Somatic symptoms- Git- Severe (2) Somatic symptoms- General- Severe (2)	Score-7 Depressed mood- sadness (1) Anxiety- psychic- fears (4) Somatic symptoms- git- mild (1) Somatic symptoms- general- mild (1)	Case was found to have symptoms of moderate depression. After 4 month treatment changes in Insomnia, Anxiety- Somatic, Somatic symptoms- GIT, Somatic symptoms- General were observed.